

Notice: Fill out COMPLETELY
and return to Conservation Division at
the address below within
60 days from plugging date.

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

1270482

Form CP-4

March 2009

Type or Print on this Form
Form must be Signed
All blanks must be Filled

WELL PLUGGING RECORD
K.A.R. 82-3-117

OPERATOR: License #: _____

Name: _____

Address 1: _____

Address 2: _____

City: _____ State: _____ Zip: _____ + _____

Contact Person: _____

Phone: (_____) _____

Type of Well: (Check one) ☐ Oil Well ☐ Gas Well ☐ OG ☐ D&A ☐ Cathodic

☐ Water Supply Well ☐ Other: _____ ☐ SWD Permit #: _____

☐ ENHR Permit #: _____ ☐ Gas Storage Permit #: _____

Is ACO-1 filed? ☐ Yes ☐ No If not, is well log attached? ☐ Yes ☐ No

Producing Formation(s): List All (If needed attach another sheet)

_____ Depth to Top: _____ Bottom: _____ T.D. _____

_____ Depth to Top: _____ Bottom: _____ T.D. _____

_____ Depth to Top: _____ Bottom: _____ T.D. _____

API No. 15 - _____

Spot Description: _____

____ - ____ - ____ Sec. ____ Twp. ____ S. R. ____ ☐ East ☐ West

_____ Feet from ☐ North / ☐ South Line of Section

_____ Feet from ☐ East / ☐ West Line of Section

Footages Calculated from Nearest Outside Section Corner:

☐ NE ☐ NW ☐ SE ☐ SW

County: _____

Lease Name: _____ Well #: _____

Date Well Completed: _____

The plugging proposal was approved on: _____ (Date)

by: _____ (KCC District Agent's Name)

Plugging Commenced: _____

Plugging Completed: _____

Show depth and thickness of all water, oil and gas formations.

Oil, Gas or Water Records		Casing Record (Surface, Conductor & Production)			
Formation	Content	Casing	Size	Setting Depth	Pulled Out

Describe in detail the manner in which the well is plugged, indicating where the mud fluid was placed and the method or methods used in introducing it into the hole. If cement or other plugs were used, state the character of same depth placed from (bottom), to (top) for each plug set.

Plugging Contractor License #: _____ Name: _____

Address 1: _____ Address 2: _____

City: _____ State: _____ Zip: _____ + _____

Phone: (_____) _____

Name of Party Responsible for Plugging Fees: _____

State of _____ County, _____, ss.

(Print Name) ☐ Employee of Operator or ☐ Operator on above-described well,

being first duly sworn on oath, says: That I have knowledge of the facts statements, and matters herein contained, and the log of the above-described well is as filed, and the same are true and correct, so help me God.

Submitted Electronically

Mail to: KCC - Conservation Division, 130 S. Market - Room 2078, Wichita, Kansas 67202

TREATMENT REPORT



Customer:		<div> <div>Date:</div> <div>11/4/2015</div> <div>SOS:</div> <div></div> <div>1286</div> <div></div> </div>
Representative:		
Address:		
City, State:		
County, Zip:		

Field Order No.:	100601
Well Name:	Andes #2
Location:	Winfield
Formation:	
Type of Service:	PTA
Well Type:	
Age of Well:	
Packer Type:	
Packer Depth:	
Treatment Via:	TUBING

Open Hole:	7 7/8
Casing Depth:	
Casing Size:	4 1/2
Tubing Depth:	1720
Tubing Size:	2 3/8
Liner Depth:	
Liner Size:	
Liner Top:	
Liner Bottom:	
Total Depth:	1821

Perf Depths (ft)	Perfs
Total Perfs	0

TIME	INJECTION RATE		PRESSURE		REMARKS	PROP (lbs)	HCL (gls)	FLUID (bbls)
	FLUID	N2/CO2	STP	ANNULUS				
8:15am					Called Out			
9:00am					Leave Shop			
1:00pm					On location			
					Spot trucks in on location			
2:30pm					Tubing at TD - 1720'			
					Rig up to 2 3/8 tubing			
2:35pm	3.0		100.0		Injection Rate			5.00
					Mix cement 30sx common 15.8 ppg w/ 2% CC			7.00
2:40pm					Pump down cement			
2:42pm	3.0		100.0		Start displacement			5.00
2:50pm					Shut down			
2:51pm					Unhook from tubing			
3:55pm					Wireline crew perms 4 1/2 casing at 250'			
4:00pm					Didn't tag cement			
5:00pm					Rig crew ran in with sand line to tag cement			
					Sand line shows no cement in the well			
6:00pm					Tubing at TD - 1720'			
6:05pm					Rig up to 2 3/8 tubing			
TOTAL:						-	-	99.00

SUMMARY

Max Fl. Rate	Avg Fl. Rate	Max PSI	Avg PSI
3.0	1.5 bpm	300.0	750.0

PRODUCTS USED

40sx common 140sx 60/40 4% 150# CC 100# HULLS

Treater: *Tom Goodner*

Customer:

TREATMENT REPORT

[illegible]

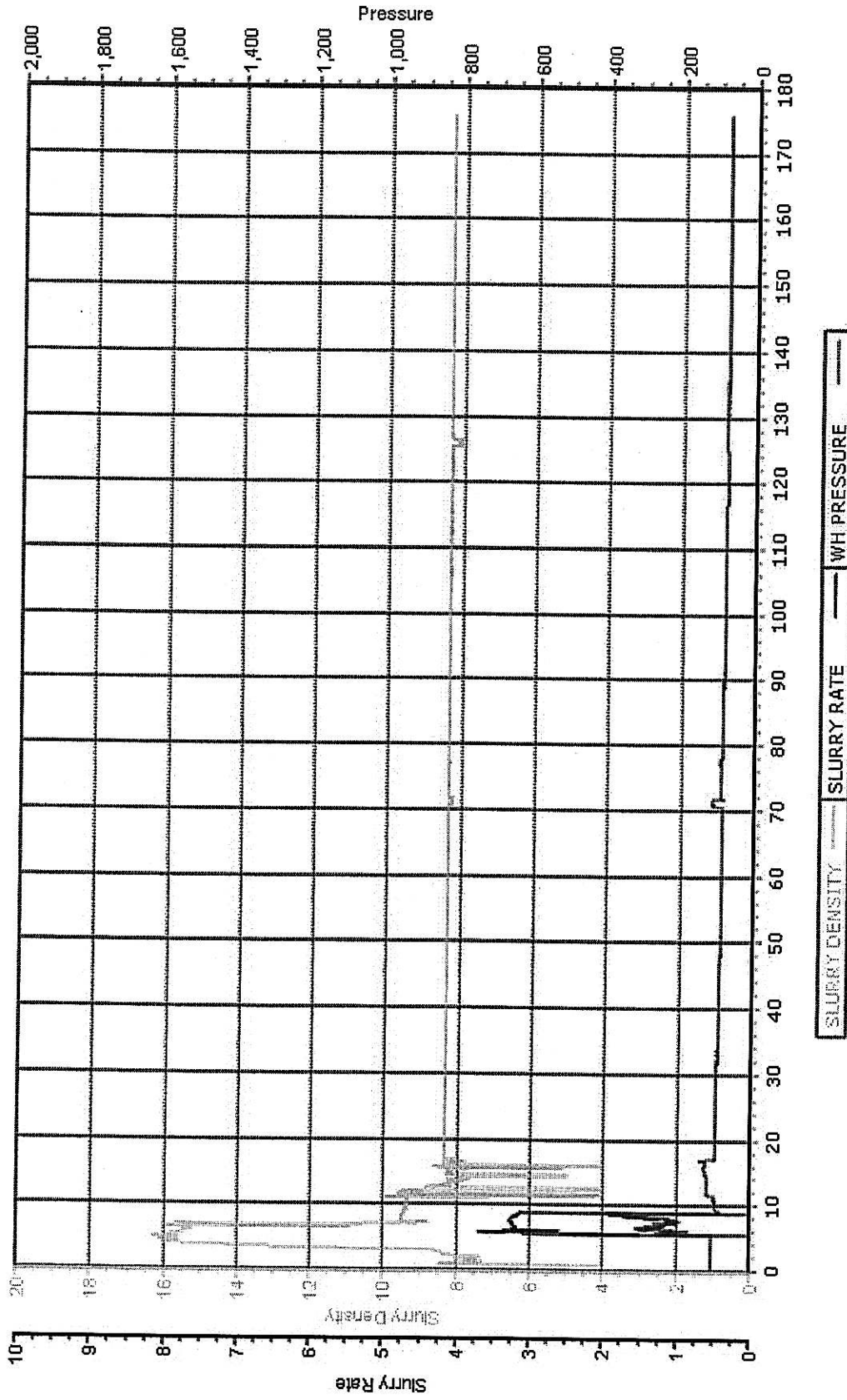
Activity provided on this page is calculated in the summary and totals on page 1



HURRICANE SERVICES INC

Hurricane Services Inc.
250 North Water 200 Ste.
Wichita, Kansas

Customer Name:
Well Name: Andes #2 QWWO



Treater: Tom Goodner

Start Date: 11/13/15

Print
Setup
Save
Exit