



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

KANSAS CORPORATION COMMISSION 1272793
OIL & GAS CONSERVATION DIVISION

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



Cement, Acid, or Tools

Service Ticket

Ticket # _____

Date: 8/20/2015

CHARGE TO:

ADDRESS: 1690 155th St

CITY Ft Scott STATE Ks ZIP 66701

LEASE & WELL COLEMAN 1-03

CONTRACTOR Running Foxrs

KIND OF JOB: P & A

SEC. _____ TWP. _____ RNG. _____

API # 15-011-22936

Quantity	Material Used	Serv. Charge
25 SX	PORTLAND CEMENT	
20 Bbl	FRESH WATER	
	2 7/8 RUBBER LANDING PLUG	
1	PUMP CHARGE	
1.175 TON	BULK CHARGE	
10	BULK TRK. MILES	
10	PUMP TRK MILES	
1	WATER TRK HRS	
1	2,000# VALVE	
		SALES TAX
		TOTAL

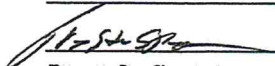
T.D. 360' CSG SET AT 311' VOLUME _____
 SIZE HOLE 400# TBG SET AT _____ VOLUME _____
 MAX PRESS. _____ PIPE SIZE 2 3/8 EUE
 PLUG DEPTH _____ PKER DEPTH _____
 Cement Wt. 16.2#

REMARKS: HOOK UP TO WELL ESTABLISH RATE PUMP 25 SX CLOSE WELL IN @ 400#

EQUIPMENT USED

NAME: _____ UNIT NO.# _____
ROBERT HIXON PUMP TRUCK
JUSTIN HARVEY BULK TRUCK

NAME: _____ UNIT # _____
PRESTON SPENCER WATER TRUCK


 TunESCO Rep Signature

 Owners Rep Signature