



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

KANSAS CORPORATION COMMISSION 1278301  
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.  
 \_\_\_\_\_  Employee of Operator or  Operator on above-described well,  
 (Print Name)

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



TICKET NUMBER 49808  
 LOCATION Oxtawa KS  
 FOREMAN Fred Maden

PO Box 884, Chanute, KS 66720  
 620-431-9210 or 800-487-8676

FIELD TICKET & TREATMENT REPORT  
 CEMENT

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
7-3-15	7752	Baker # N 16	NW 26	18	22	M1
CUSTOMER			TRUCK #	DRIVER	TRUCK #	DRIVER
MAILING ADDRESS			712	Fred Mad		
8614 Cedarspur Dr			495	Har Bec		
CITY	STATE	ZIP CODE	675	Kel Det		
Houston	TX	77055	809	Tim Nor		

JOB TYPE Plug HOLE SIZE 7 HOLE DEPTH 408 CASING SIZE & WEIGHT 2 7/8" 10RB  
 CASING DEPTH 7 DRILL PIPE \_\_\_\_\_ TUBING \_\_\_\_\_ OTHER \_\_\_\_\_  
 SLURRY WEIGHT \_\_\_\_\_ SLURRY VOL \_\_\_\_\_ WATER gal/ck \_\_\_\_\_ CEMENT LEFT in CASING Full  
 DISPLACEMENT n/a DISPLACEMENT PSI \_\_\_\_\_ MIX PSI \_\_\_\_\_ RATE 1-1/2 BPM

REMARKS: Hold Safety meeting. Establish injection rate into well. Mix Pump 15 lbs Pot Blend Cement 6% Gel. Squeeze into well @ 400# PSI. Slur in casing.

*Fred Maden*

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
PE0450	1	PUMP CHARGE Plug to Abandon	455	1500 <sup>00</sup>
CE0002	2.5 mi	MILEAGE	495	1237 <sup>50</sup>
CE0711	1/2 Minimum	Ten Miles Delivery	240	110 <sup>00</sup>
WE0853	1/2 Minimum	80 Bar Vac Truck	675	50 <sup>00</sup>
		Sub Total		1838 <sup>25</sup>
		Less 6.3%		-1250 <sup>35</sup>
				5887 <sup>90</sup>
CC5840	152 lbs	Pot Blend I of Cement	202 <sup>50</sup>	
CC5965	76 <sup>00</sup>	Bentonite Gel	22 <sup>00</sup>	
		Sub Total		225 <sup>00</sup>
		Less 6.8%		-153 <sup>20</sup>
				72 <sup>80</sup>
		8%	SALES TAX	5 <sup>20</sup>
			ESTIMATED TOTAL	666 <sup>27</sup>
			DATE	(2082.07)

I acknowledge that the payment terms, unless specifically amended in writing on the front of the form or in the customer's account records, at our office, and conditions of service on the back of this form are in effect for services identified on this form.