



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

KANSAS CORPORATION COMMISSION 1295406
OIL & GAS CONSERVATION DIVISION
WELL PLUGGING RECORD
 K.A.R. 82-3-117

Form CP-4
 March 2009

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

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

JOB LOG

SWIFT Services, Inc.

DATE 12-16-15 PAGE NO.

CUSTOMER
Cholla Production

WELL NO.
14-1

LEASE
K. Schelgal

JOB TYPE
PTA

TICKET NO.
29135

CHART NO.	TIME	RATE (BPM)	VOLUME (BBL) (GAL)	PUMPS		PRESSURE (PSI)		DESCRIPTION OF OPERATION AND MATERIALS
				DP	C	DP	CASING	
	0300							on location
								RTD- 4550 4 1/2" DP "x" hole 7 7/8" Hole 600' 8 7/8 270 sks 60/40 4% 4 1/2" hole
	0405	4 1/2	13	✓		200		mix 50 sks 60/40 4% @ 1660'
		4 1/2	20	✓		200		Displace Cement
	0450	4 1/2	21	✓		200		mix 80 sks 60/40 4% @ 870'
		4 1/2	7 1/2	✓		200		Displace Cement
	0505	4 1/2	13	✓		150		mix 50 sks 60/40 4% @ 630'
		4 1/2	6	✓		150		Displace Cement
	0535	4 1/2	10 1/2	✓		150		mix 40 sks 60/40 4% @ 200'
		4 1/2	1/2	✓		150		Displace Cement
	0650	4 1/2	5 1/2	✓		100		mix 20 sks 60/40 4% @ 60'
	0700	3	8	✓		∅		Plug BH 30 sks
								* 270 sks total *
								wash up trucks
	0730							Job Complete

Thanks You
Dave John Issac