

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

WELL PLUGGING RECORD

by: _____ (KCC **District** Agent's Name)

Plugging Completed:

Plugging Commenced:

Form CP-4 March 2009 Type or Print on this Form Form must be Signed All blanks must be Filled

OPERATOR: License #:	API No. 15
Name:	Spot Description:
Address 1:	Sec Twp S. R East West
Address 2:	Feet from North / South Line of Section
City:	Feet from East / West Line of Section
Contact Person:	Footages Calculated from Nearest Outside Section Corner:
Phone: ()	NE NW SE SW
Type of Well: (Check one) Oil Well Gas Well OG D&A Cathodic	County:
Water Supply Well Other: SWD Permit #:	Lease Name: Well #:
ENHR Permit #: Gas Storage Permit #:	Date Well Completed:
Is ACO-1 filed? Yes No If not, is well log attached? Yes No	The plugging proposal was approved on: (Date)

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

the same are true and correct, so help me God.

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. ____

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	3:					
State of	County,		, ss.			
				Employee of Operator or	Operator on above-	described well,

Submitted Electronically

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



JTC Oil, Inc. P.O. Box 24386 Stanley, Kansas 66283

Work Order Ticket Invoice Nº 4497

<u>Date</u>	Customer #	Well Name and #	<u>Sec</u>	Town	<u>Range</u>	County	
3-2-16		8					
Customer L	lingert	•					
Mailing Address	•						
City		State		Zip			
Quantity / Hrs.		Description ed Ild Well			Rate	<u>Total</u>	
	Plugg	ed old well					
9	DALOX	1					
à	Jacti	euck,					
12 2×	Come	ny- 740'					
	Pump	Che,					
		/					
						· · · · · · · · · · · · · · · · · · ·	
		<u>Com</u>	ments				
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<i> </i>	ugged	Ded well					
							
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<u>Technicians</u>							
					Total		
Authorization			Title				