

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

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

## KANSAS CORPORATION COMMISSION OIL & GAS CONSERVATION DIVISION

## 1302486

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

| Spot Description:   Spot  | OPERATOR: License #:              |                              |                             |                   |   | API No. 15                              |            |                                |  |  |  |
|---|-----------------------------------|------------------------------|-----------------------------|-------------------|---|---|------------|--------------------------------|--|--|--|
| State   Zip   Feet from   North /   South Line of Section   Street Feet from   Street Feet from   Street Feet from   Street Feet Feet Feet Feet Feet Feet Feet  |                                   |                              |                             | I                 |   |   |            |                                |  |  |  |
| City:   | Address 1:                        |                              |                             | _                 |   | Sec Tv                                  | vp S. R.   | East We                        |  |  |  |
| Contact Person:    Fhone (  | Address 2:                        |                              |                             |                   |   | Feet from North / South Line of Section |            |                                |  |  |  |
| Phone (   | City:                             | State:                       | Zip: +                      | _                 |   |   |            |                                |  |  |  |
| Type of Wellt; (Check one)  | Contact Person:                   |                              |                             | Foo               |   |   |            |                                |  |  |  |
| Water Supply Well Other: Gas Storage Permit #: Lease Name: Well #: Lease Name: Well #: Lease Name: Well #: Date Well Completed: The plugging proposal was approved on: (Date) by: (MCC District Agent's Name) Producing Formation (s): List All (if needed attach another sheet) Depth to Top: Bottom: T.D. Depth to Top: Depth to Top: Depth to Top: Depth to Top: Bottom: T.D. Depth to Top: | Phone: ( )                        |                              |                             |                   |   | NE NW                                   | SE SV      | V                              |  |  |  |
| Water Supply Well   Other:  | Type of Well: (Check one)         | Oil Well Gas Well            | OG D&A Cathod               | ic Co             | ııntv.                                    |   |            |                                |  |  |  |
| ENIR Permit #:  | Water Supply Well                 | Other:                       | SWD Permit #:               |                   | Lease Name: Well #:  Date Well Completed: |   |            |                                |  |  |  |
| As ACC-1 filed?   | ENHR Permit #:                    | Gas Sto                      | orage Permit #:             |                   |   |   |            |                                |  |  |  |
| Depth to Top:   | Is ACO-1 filed? Yes               | No If not, is wel            | I log attached? Yes         |                   |   |   |            |                                |  |  |  |
| Depth to Top:   | Producing Formation(s): List /    | All (If needed attach anothe | r sheet)                    | by:               |   |   | (K(        | CC <b>District</b> Agent's Nam |  |  |  |
| Depth to Top: Bottom: T.D. Plugging Completed:  Depth to Top: Bottom: T.D. Plugging Completed:  Depth to Top: Bottom: T.D. Plugging Completed:  Show depth and thickness of all water, oil and gas formations.  Oil, Gas or Water Records Casing Size Setting Depth Pulled Out  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 zeroent 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: Zip: +  | Depth to                          | o Top: Botto                 | om: T.D                     |                   |   |   |            |                                |  |  |  |
| Show depth and thickness of all water, oil and gas formations.  Oif, 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 sement or other plugs were used, state the character of same depth placed from (bottom), to (top) for each plug set.  Plugging Contractor License #:  Address 1:  Address 2:  City:  State:  Zip:  +  Name:  Name of Party Responsible for Plugging Fees:  State of  County,  , ss.   | Depth to                          | o Top: Botto                 | om: 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 zement or other plugs were used, state the character of same depth placed from (bottom), to (top) for each plug set.  Plugging Contractor License #:  Address 1:  Address 2:  City:  State:  Zip:  +  Phone: ()  Name of Party Responsible for Plugging Fees:  State of County,, ss.  | Depth to                          | o Top: Botto                 | om:T.D                      |                   | gging Ct                                  | ompieted                                |            |                                |  |  |  |
| 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 zement or other plugs were used, state the character of same depth placed from (bottom), to (top) for each plug set.  Plugging Contractor License #:  Address 1:  Address 2:  City:  State:  Zip:  +  Phone: ()  Name of Party Responsible for Plugging Fees:  State of County,, ss.  |                                   |                              |                             |                   |   |   |            |                                |  |  |  |
| Formation   Content   Casing   Size   Setting Depth   Pulled Out  | Show depth and thickness of       | all water, oil and gas form  | ations.                     |                   |   |   |            |                                |  |  |  |
| 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 zement or other plugs were used, state the character of same depth placed from (bottom), to (top) for each plug set.  Plugging Contractor License #:   | Oil, Gas or Wate                  | r Records                    |                             | Casing Recor      | 'd (Surfac                                | ce, Conductor & Produc                  | ction)     |                                |  |  |  |
| Plugging Contractor License #: Name:  | Formation                         | Content                      | Casing                      | Size              |   | Setting Depth                           | Pulled Out |                                |  |  |  |
| Plugging Contractor License #: Name:  |                                   |                              |                             |                   |   |   |            |                                |  |  |  |
| Plugging Contractor License #: Name:  |                                   |                              |                             |                   |   |   |            |                                |  |  |  |
| Plugging Contractor License #: Name:  |                                   |                              |                             |                   |   |   |            |                                |  |  |  |
| Plugging Contractor License #: Name:  |                                   |                              |                             |                   |   |   |            |                                |  |  |  |
| Plugging Contractor License #: Name:  |                                   |                              |                             |                   |   |   |            |                                |  |  |  |
| Plugging Contractor License #: Name:  |                                   |                              |                             |                   |   |   |            |                                |  |  |  |
| Address 1: Address 2:   | cement or other plugs were u      | sed, state the character of  | same depth placed from (bot | trom), to (top) i | or eacn                                   | plug set.                               |            |                                |  |  |  |
| City:   | Plugging Contractor License #: Na |                              |                             |                   | a   |   |            |                                |  |  |  |
| Phone: ( )  | Address 1:                        |                              |                             | Address 2:        |   |   |            |                                |  |  |  |
| Name of Party Responsible for Plugging Fees:  | City:                             |                              |                             | Sta               | .te:                                      |   | Zip:       | +                              |  |  |  |
| State of, ss.   | Phone: ( )                        |                              |                             |                   |   |   |            |                                |  |  |  |
|   | Name of Party Responsible for     | or Plugging Fees:            |                             |                   |   |   |            |                                |  |  |  |
|   | State of                          | County, _                    |                             | , s               | S.  |   |            |                                |  |  |  |
|   |                                   | •                            |                             |                   | _   |   |            |                                |  |  |  |

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 4545

| <u>Date</u>     | Customer #                              | Well Name and # | <u>Sec</u>    | Town | Range | County                                 |
|-----------------|---|-----------------|---------------|------|-------|--|
| 4-5-16          |   | <b>3</b> I-3    |               |      |       |  |
| 4 <b>5</b> -16  | (it                                     |                 |               |      |       |  |
|                 | - •                                     |                 | L             |      |       |  |
| Mailing Address | <del></del>                             |                 | <del></del>   |      |       |  |
| City            |   | State           |               | Zip  |       |  |
| Quantity / Hrs  |   | Description     |               |      | Rate  | <u>Total</u>                           |
| 3M              | ant                                     |                 |               |      |       |  |
| 3~              | Backhol<br>Vac to<br>Pump (             |                 |               | . :  |       |  |
| 34              | Viec m                                  | el .            |               | ·    |       |  |
| 16 5x           | Cement                                  | <u>: kg</u>     |               |      |       |  |
| 16 5x           | LEMENT                                  |                 |               |      |       |  |
|                 |   |                 |               |      |       |  |
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|                 | , | Techn           | <u>icians</u> |      |       |  |
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|                 |   |                 |               |      | Total | · · · · · · · · · · · · · · · · · · ·  |
|                 |   |                 | ******        |      | -     | ······································ |
| Authorization   |   |                 | Title         |      |       |  |