

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

1302926

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

TO:

STATE CORPORATION COMMISSION
CONSERVATION DIVISION - PLUGGING
266 N. Main St., Ste. 220
Wichita, KS 67202-1513

API Well Number: 15-133-24359-00-01

Spot: E2NENE

Sec/Twnshp/Rge: 22-29S-21E

4620 feet from S Section Line,

330 feet from E Section Line

Lease Name: BALFAY

Well #: 12

County: NEOSHO

Total Vertical Depth: 193 feet

Operator License No.: 32595

Op Name: MSG RESOURCES INC.

Address: 975 1400TH ST

IOLA, KS 66749

<u>String</u>	<u>Size</u>	<u>Depth (ft)</u>	<u>Pulled (ft)</u>	<u>Comment</u>
PROD	2.875	173		
SURF	7	20		

Well Type: EOR

UIC Docket No: E23845.3

Date/Time to Plug: 05/26/2012 8:00 AM

Plug Co. License No.: 3097

Plug Co. Name: K W OIL WELL SERVICE, INC.

Proposal Rcvd. from: SAM KEPLEY

Company: KW OIL WELL SERVICE

Phone: (620) 433-7730

Proposed Plugging Method: Run cement string to TD and pump full

Plugging Proposal Received By: ALAN DUNNING

WitnessType: NONE

Date/Time Plugging Completed: 05/26/2012 5:00 PM

KCC Agent: ALAN DUNNING

Actual Plugging Report:

Perfs:

A 1" cement string was lowered to TD. The well was then pumped full of cement from btm to top. The operator reported that 16 sacks of portland cement were used to plug well.

Remarks:

Plugged through: CSG

District: 03

Signed _____

(TECHNICIAN)