



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

**KANSAS CORPORATION COMMISSION 1304668**  
**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**



TICKET NUMBER 49758  
 LOCATION Ottawa, KS  
 FOREMAN Casey, Kennedy

P.O. Box 884, Chanute, KS 66720  
 620-431-9210 or 800-467-8676

FIELD TICKET & TREATMENT REPORT  
 CEMENT

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
8/14/15	15104	Chaney # 5	SE 24	14	20	DG
CUSTOMER	86-S linc					
MAILING ADDRESS	3939 Ellis Rd					
CITY	STATE	ZIP CODE	TRUCK #	DRIVER	TRUCK #	DRIVER
Roubid	KS	66079	729	Coston	730	3040
			4102	Kelley	548	Teather
			625	Kelley		

JOB TYPE plug  
 CASING DEPTH 925'  
 SLURRY WEIGHT \_\_\_\_\_  
 HOLE SIZE \_\_\_\_\_  
 DRILL PIPE \_\_\_\_\_  
 TUBING \_\_\_\_\_  
 SLURRY VOL \_\_\_\_\_  
 WATER gal/sk \_\_\_\_\_  
 DISPLACEMENT PSI \_\_\_\_\_  
 MIX PSI \_\_\_\_\_  
 RATE 2 gal/min  
 REMARKS: HAD safety meeting, established circulation through 1" tubing at casing TD. Arrival + pumped 50 sks of Portland IA cement in 160 gal per sk, cement to surface, pulled 1" tubing from well, pumped well off. My 9 sks cement needed up tubing + equipment.

Handwritten signature: [Signature]

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
AE0450	1	PUMP CHARGE	1500.00	
AE0002	on lease	MILEAGE	130.00	
AE0711	1/5 min	fuel mileage	100.00	
AE0853	1 hr	EO Lic	120.00	
		trucks	883.32	
		-51 % subtotal		848.68
UCS810	59 sks	Portland IA	796.50	
UCS915	297 #	Gol	89.10	
		materials	865.100	
		-51 % subtotal		451.166
		Subtotal		433.94
		SALES TAX	32.55	
		ESTIMATED TOTAL	1315.17	

AUTHORIZATION: Boyle and S&S TITLE: \_\_\_\_\_ DATE: 2/18/15

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.