



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

KANSAS CORPORATION COMMISSION 1305471
OIL & GAS CONSERVATION DIVISION

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.
 _____ 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



PO Box 884, Chanute, KS 66720
620-431-9210 or 800-467-8676

TICKET NUMBER 51206
LOCATION El Dondo
FOREMAN Fuzz

FIELD TICKET & TREATMENT REPORT
CEMENT

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
4-29-16	8511	Smith - BE #8	20	85	4E	Butler
CUSTOMER U-ESS Oil Co.			Gordon W-N W-N E-N N			
MAILING ADDRESS 1700 Water Street Perry Rd. 500						
CITY Wichita	STATE KS	ZIP CODE 67206	TRUCK #	DRIVER	TRUCK #	DRIVER
			760	Chris		
			713	Jeremy		
			775	Fuzz		

JOB TYPE AWP HOLE SIZE _____ HOLE DEPTH _____ CASING SIZE & WEIGHT 5"2
 CASING DEPTH _____ DRILL PIPE _____ TUBING 2 3/8 @ 640' OTHER _____
 SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING _____
 DISPLACEMENT _____ DISPLACEMENT PSI _____ MIX PSI _____ RATE _____

REMARKS: Safety meeting on Simmons Well Service, Rig up and mix 70 sks 60/40 pos 49 gal 20 gal w/100* cottonseed hulls @ 640'. Attempt to run 1" down R-side only 2 ft down. Hook surge to 5"2 cc, and mix 20 sks cement to top off @ 300* shut in press.

Thanks Fuzz
+ crew

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
660450	1	PUMP CHARGE	1500 ⁰⁰	1500 ⁰⁰
660002	20	MILEAGE	7.2	144 ⁰⁰
660711	4.0 Ton	Ton mileage Delivery (min)	660 ⁰⁰	660 ⁰⁰
W60853	3 HAS	80 vnc water truck	100 ⁰⁰	300 ⁰⁰
665829	90 sks	60/40 pos 49 gal	16 ⁰⁰	1440 ⁰⁰
665225	150 #	Calcium Chloride	1 ⁰⁰	150 ⁰⁰
66080	100 #	Cottonseed Hulls	.50	50 ⁰⁰
W66159	3000 gal	City water	.02	60 ⁰⁰
		subtotal		4303 ⁰⁰
		discount		1936 ³⁵
		subtotal		2366 ⁶⁵
		SALES TAX		
		ESTIMATED TOTAL		

Ravin 3737

AUTHORIZATION Casey Coats TITLE _____ DATE _____

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.