



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

KANSAS CORPORATION COMMISSION 1309124  
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

Global Cementing LLC

1958 E HWY 40  
Russell, KS 67665

# Invoice

Date	Invoice #
3/3/2016	2550
Due Date	4/2/2016

<b>Bill To</b>
BACH OIL PO BOX 723 ALMA,NE 68920

P.O. No.	Project
BILLY#2	

Quantity	Description	Rate	Amount
159	COMMON	15.00	2,385.00T
106	POZ	7.50	795.00T
9	GEL	21.50	193.50T
274	HANDLING	1.90	520.60
	BULK MILEAGE	219.20	219.20
	PLUG 2ND WELL SAME DAY	400.00	400.00
10	PUMP TRUCK MILEAGE	6.00	60.00
10	PICKUP	1.80	18.00
11	GEL	21.50	236.50T
6	HULLS	25.50	153.00T
	DISCOUNT	-1,948.85	-1,948.85
	Sales Tax	7.00%	263.41

Thank you for your business.

**Total** \$3,295.36

Phone #	Fax #	E-mail
785-324-2658	785-445-4174	globalcementing@gmail.com

# GLOBAL CEMENTING, L.L.C.

REMIT TO 18048 170RD  
RUSSELL, KS 67665

SERVICE POINT: Russell KS.

DATE <u>3-3-16</u>	SEC. <u>3</u>	TWP. <u>2 S</u>	RANGE <u>19 W</u>	CALLED OUT	ON LOCATION	JOB START	JOB FINISH <u>3:30 PM</u>
LEASE <u>Billy</u>	WELL # <u>#2</u>	LOCATION <u>Phillipsburg KS ION</u>			COUNTY <u>Phillips</u>	STATE <u>KANSAS</u>	
<input checked="" type="radio"/> OLD OR NEW (CIRCLE ONE)				<u>6 W 1 N.</u>			

CONTRACTOR

TYPE OF JOB Plug ABANDONED well

HOLE SIZE \_\_\_\_\_ T.D. \_\_\_\_\_

CASING SIZE 5 1/2 csg DEPTH 3695

TUBING SIZE \_\_\_\_\_ DEPTH \_\_\_\_\_

DRILL PIPE 8 5/8 SURFACE DEPTH 217

TOOL \_\_\_\_\_ DEPTH \_\_\_\_\_

PRES. MAX \_\_\_\_\_ MINIMUM \_\_\_\_\_

MEAS. LINE \_\_\_\_\_ SHOE JOINT \_\_\_\_\_

CEMENT LEFT IN CSG. 75 SX 3695-2945

PERFS 11 SX 94 2945-1845

DISPLACEMENT 1845 - 0

OWNER (Used 265 SX)

CEMENT AMOUNT ORDERED 300 SX 40 4% gel

11 SX GEL ON SIDE

300 # Halls

COMMON \_\_\_\_\_ @ \_\_\_\_\_

POZMIX \_\_\_\_\_ @ \_\_\_\_\_

GEL \_\_\_\_\_ @ \_\_\_\_\_

CHLORIDE \_\_\_\_\_ @ \_\_\_\_\_

ASC \_\_\_\_\_ @ \_\_\_\_\_

\_\_\_\_\_ @ \_\_\_\_\_

\_\_\_\_\_ @ \_\_\_\_\_

\_\_\_\_\_ @ \_\_\_\_\_

\_\_\_\_\_ @ \_\_\_\_\_

\_\_\_\_\_ @ \_\_\_\_\_

\_\_\_\_\_ @ \_\_\_\_\_

HANDLING \_\_\_\_\_ @ \_\_\_\_\_

MILEAGE \_\_\_\_\_ @ \_\_\_\_\_

TOTAL \_\_\_\_\_

EQUIPMENT

PUMP TRUCK CEMENTER GILMAN G.

# P-1 HELPER CODY H.

BULK TRUCK

# B-3 DRIVER JASON M.

BULK TRUCK

# \_\_\_\_\_ DRIVER \_\_\_\_\_

REMARKS:

5 1/2 csg. Took Int. Rate of 4BPM @ 400#

Mixed 75 SX cement w/300 # Halls,

11 SX gel 190 SX cement @

1800 # mix PSI + SHUT IN.

8 5/8 COULD NOT PUMP INTO

@ 350 #.

THANKS

CHARGE TO: BACH OIL DBA/"JASON"

STREET \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

Global Cementing, L.L.C.,  
You are hereby requested to rent cementing equipment and furnish cementer and helper(s) to assist owner or contractor to do work as is listed. The above work was done to satisfaction and supervision of owner agent or contractor. I have read and understand the "GENERAL TERMS AND CONDITIONS" listed on the reverse side.

PRINTED NAME Dale Ferland

SIGNATURE Dale Ferland

SERVICE

DEPTH OF JOB \_\_\_\_\_

PUMP TRUCK CHARGE \_\_\_\_\_

EXTRA FOOTAGE \_\_\_\_\_ @ \_\_\_\_\_

MILEAGE \_\_\_\_\_ @ \_\_\_\_\_

MANIFOLD \_\_\_\_\_ @ \_\_\_\_\_

\_\_\_\_\_ @ \_\_\_\_\_

\_\_\_\_\_ @ \_\_\_\_\_

TOTAL \_\_\_\_\_

PLUG & FLOAT EQUIPMENT

\_\_\_\_\_ @ \_\_\_\_\_

\_\_\_\_\_ @ \_\_\_\_\_

\_\_\_\_\_ @ \_\_\_\_\_

\_\_\_\_\_ @ \_\_\_\_\_

\_\_\_\_\_ @ \_\_\_\_\_

TOTAL \_\_\_\_\_

SALES TAX (If Any) \_\_\_\_\_

TOTAL CHARGES \_\_\_\_\_

DISCOUNT \_\_\_\_\_ IF PAID IN 30 DAYS