



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

KANSAS CORPORATION COMMISSION 1309154
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 #
3/7/2016	2551
Due Date	4/6/2016

Bill To
BACH OIL PO BOX 723 ALMA,NE 68920

P.O. No.	Project
LEOTA#1	

Quantity	Description	Rate	Amount
153	COMMON	15.00	2,295.00T
102	POZ	7.50	765.00T
9	GEL	21.50	193.50T
264	HANDLING	1.90	501.60
	BULK MILEAGE	211.20	211.20
1	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	-1,789.12	-1,789.12
	Sales Tax	7.00%	255.01

Thank you for your business.

Total \$3,299.69

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>3-7-2016</u>	SEC. <u>3</u>	TWP. <u>4 S</u>	RANGE <u>19 W</u>	CALLED OUT	ON LOCATION	JOB START	JOB FINISH <u>1:00 PM</u>
LEASE <u>LCOTA</u>	WELL # <u>#1</u>	LOCATION <u>Phillipsburg, KS 10N</u>			COUNTY <u>Phillips</u>	STATE <u>KANSAS</u>	
<input checked="" type="radio"/> OLD OR NEW (CIRCLE ONE)				<u>5 W 1 S 1/2 W 1/4 N ENTO</u>			

CONTRACTOR _____

TYPE OF JOB Plug ABANDONED Well

HOLE SIZE _____ T.D. _____

CASING SIZE 5 1/2 csg DEPTH 3630'

TUBING SIZE _____ DEPTH _____

DRILL PIPE 8 5/8 SURFACE DEPTH 220'

TOOL _____ DEPTH _____

PRES. MAX. _____ MINIMUM _____

MEAS. LINE _____ SHOE JOINT _____

CEMENT LEFT IN CSG. 3630 - 2880

PERFS 2880 - 1780

DISPLACEMENT 1780 - 0

OWNER _____

CEMENT (USED 255 SX)

AMOUNT ORDERED 300 SX 40 4% GEL

11 SX GEL ON SIDE

300 # HULKS

COMMON _____ @ _____

POZMIX _____ @ _____

GEL _____ @ _____

CHLORIDE _____ @ _____

ASC _____ @ _____

HANDLING _____ @ _____

MILEAGE _____ @ _____

TOTAL _____

EQUIPMENT _____

PUMP TRUCK # P-2 CEMENTER GIANN G.

BULK TRUCK # B-5 DRIVER JASON M.

HELPER CODY H.

DRIVER _____

REMARKS:
5 1/2 csg. took INT. rate of 4 bpm @ 400#
MIXED 75 SX Cement w/ 300# HULKS
11 SX GEL 180 SX Cement
@ 1500# MAX PSI. & Shut IN.
COULD NOT PUMP INTO BACKSIDE
@ 350#.
THANKS!

CHARGE TO: BACH OIL DBA/"JASON"

STREET _____

CITY _____ STATE _____ ZIP _____

SERVICE

DEPTH OF JOB _____

PUMP TRUCK CHARGE _____

EXTRA FOOTAGE @ _____

MILEAGE @ _____

MANIFOLD @ _____

TOTAL _____

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

PLUG & FLOAT EQUIPMENT

_____ @ _____

_____ @ _____

_____ @ _____

_____ @ _____

TOTAL _____

SALES TAX (If Any) _____

TOTAL CHARGES _____

DISCOUNT _____ IF PAID IN 30 DAYS