



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

KANSAS CORPORATION COMMISSION 1309155  
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	2549
Due Date	4/2/2016

Bill To
BACH OIL PO BOX 723 ALMA,NE 68920

P.O. No.	Project
DAWNDY#1	

Quantity	Description	Rate	Amount
144	COMMON	15.00	2,160.00T
96	POZ	7.50	720.00T
8	GEL	21.50	172.00T
248	HANDLING	1.90	471.20
	BULK MILEAGE	198.40	198.40
1	TRI-PLEX PUMP CHARGE FOR PLUG	750.00	750.00
10	PUMP TRUCK MILEAGE	6.00	60.00
10	PICKUP	1.80	18.00
6	HULLS	25.50	153.00T
11	GEL	21.50	236.50T
	DISCOUNT	-1,929.73	-1,929.73
	Sales Tax	7.00%	240.91

Thank you for your business.			<b>Total</b>	\$3,250.28
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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>14</u>	TWP. <u>1 S</u>	RANGE <u>19 W</u>	CALLED OUT	ON LOCATION	JOB START	JOB FINISH <u>11:30 AM</u>
LEASE <u>DAWN DY</u>	WELL # <u>#1</u>	LOCATION <u>Phillipsburg, KS 10 N</u>			COUNTY <u>Phillips</u>	STATE <u>KANSAS</u>	
<input checked="" type="radio"/> OLD OR NEW (CIRCLE ONE)							
<u>SW 2N 1/2 E INTO</u>							

CONTRACTOR

TYPE OF JOB Plug ABANDONED well

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

CASING SIZE 5 1/2 CSG DEPTH 3541

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

DRILL PIPE 8 5/8 SURFACE DEPTH 220

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

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

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

CEMENT LEFT IN CSG. 75 SA 3540 - 2790

PERFS 11 SA GEL 2790 - 1690

DISPLACEMENT 165 SA 1690 - 0

EQUIPMENT \_\_\_\_\_

PUMP TRUCK CEMENTER Glen G.

# P-1 HELPER Cody H.

BULK TRUCK

# B-3 DRIVER JASON M.

BULK TRUCK

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

OWNER \_\_\_\_\_

CEMENT (USED 240 SA) "240"

AMOUNT ORDERED 300 SA GO TO 4% GEL

11 SA GEL

300 # HVLS > ON SIDE

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

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

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

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

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

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

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

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

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

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

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

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

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

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

TOTAL \_\_\_\_\_

REMARKS:

5 1/2 csg. Tack Rate of 3 1/2 BPM @ 800#

Mixed 75 SA cement w/ 300 #

HVLS 11 SA GEL 165 SA Cement

@ 2,000 MAX PSE & SHUT IN.

8 5/8 Backside could NOT

Pump INTO @ 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.

PLUG & FLOAT EQUIPMENT

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

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

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

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

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

TOTAL \_\_\_\_\_

PRINTED NAME Lyle Fogland

SIGNATURE Lyle Fogland

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

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

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