

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

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

1310911

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.

(Print Name) ☐ Employee of Operator or ☐ Operator on above-described well,

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



Cement, Acid, or Tools

Service Ticket

Ticket #

Date: 6/30/2016

CHARGE TO:

ADDRESS: 1690 155th St

CITY Ft Scott STATE Ks ZIP 66701

LEASE & WELL NO.: WUNDERLY 11-36D INJ2 CONTRACTOR Running Foxes

KIND OF JOB: PLUG SEC. 36 TWP. 24S RGE. 23E

API#15-011-23830

Quantity	Material Used	Serv. Charge
15	PORTLAND CEMENT	
2.5	FRESH WATER	
	2 7/8 RUBBER LANDING PLUG	
1	PUMP CHARGE	
0.7	BULK CHARGE	
2	BULK TRK. MILES	
2	PUMP TRK MILES	
	WATER TRK HRS	
	2,000# VALVE	
		SALES TAX
		TOTAL

T.D.	CSG SET AT	504	VOLUME
SIZE HOLE	Open Hole		VOLUME
MAX PRESS.	380	PIPE SIZE	2 7/8
PLUG DEPTH	PKER DEPTH		
	Cement Wt.		

REMARKS: Hooked onto well. Mixed and pumped 15sx of cement to td. Shut in well.

EQUIPMENT USED

NAME: UNIT NO.#

Robert Hixon Pump Truck

Pulling Unit

Justin Harvey Bulk Truck

Tunesco Rep Signature

NAME: UNIT #

Matt Menser-Roberts Support Truck

Owners Rep Signature