



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

KANSAS CORPORATION COMMISSION 1311227  
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



Cement, Acid, or Tools  
 Service Ticket  
 Ticket # \_\_\_\_\_  
 Date: 7/1/2016

CHARGE TO:

ADDRESS: \_\_\_\_\_ 1690 155th St CITY Ft Scott STATE Ks ZIP 66701  
 LEASE & WELL NO.: WUNDERLY 14-36A INJ CONTRACTOR Running Foxes  
 KIND OF JOB: PLUG SEC. 36 TWP. 24S RNG. 23E  
 API#15-011-23808

Quantity	Material Used	Serv. Charge
15	PORTLAND CEMENT	
2.5 bbls.	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 485 VOLUME \_\_\_\_\_  
 SIZE HOLE \_\_\_\_\_ Open Hole \_\_\_\_\_ VOLUME \_\_\_\_\_  
 MAX PRESS. 330 PIPE SIZE 2 7/8  
 PLUG DEPTH \_\_\_\_\_ PKER DEPTH \_\_\_\_\_  
 \_\_\_\_\_ Cement Wt. \_\_\_\_\_

REMARKS: Hooked up to well. Mixed and pumped cement to TD. Shut well in.  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

EQUIPMENT USED

NAME:	UNIT NO.#	NAME:	UNIT #
<u>Robert Hixon</u>	<u>Pump Truck</u>	<u>Matt Menser-Roberts</u>	<u>Support Truck</u>
_____	<u>Pulling Unit</u>	_____	_____
<u>Carl Taylor</u>	<u>Bulk Truck</u>	_____	_____

Tunesco Rep Signature

Owners Rep Signature