



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

KANSAS CORPORATION COMMISSION 1311765
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



PO Box 884, Chanute, KS 66720
620-431-9210 or 800-467-8676

5235
Field Htr dr
5141
Invoice #806930

TICKET NUMBER 51148

LOCATION El Dorado

FOREMAN Fuzzy

FIELD TICKET & TREATMENT REPORT

CEMENT API # 15-191-22773 (S)

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY																
1-29-16	7906	GES #1	U1	30S	2W	Sumner																
CUSTOMER John Sharda			<table border="1"> <thead> <tr> <th>TRUCK #</th> <th>DRIVER</th> <th>TRUCK #</th> <th>DRIVER</th> </tr> </thead> <tbody> <tr> <td>760</td> <td>Chris</td> <td></td> <td></td> </tr> <tr> <td>713</td> <td>Jud</td> <td></td> <td></td> </tr> <tr> <td>628</td> <td>Fuzzy</td> <td></td> <td></td> </tr> </tbody> </table>				TRUCK #	DRIVER	TRUCK #	DRIVER	760	Chris			713	Jud			628	Fuzzy		
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MAILING ADDRESS 4126 N. Sweet Bay Circle																						
CITY Wichita																						
STATE KS		ZIP CODE 67226																				

JOB TYPE <u>PTA</u>	HOLE SIZE <u>7 7/8</u>	HOLE DEPTH <u>3853'</u>	CASING SIZE & WEIGHT
CASING DEPTH	DRILL PIPE <u>4 1/2</u>	TUBING	OTHER
SLURRY WEIGHT <u>14.1</u>	SLURRY VOL <u>1.41</u>	WATER gal/sk <u>6.9</u>	CEMENT LEFT in CASING
DISPLACEMENT	DISPLACEMENT PSI	MIX PSI	RATE

REMARKS: Safety meeting on handman's Dng. Rig up and plug as ordered

35sk @ 450' 125sk @ 60/40 pos 4% accel
35sk @ 300'
25sk @ 60'
30sk @ RN

Thanks Fuzzy & crew

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
660450	1	PUMP CHARGE	1500 ⁰⁰	1500 ⁰⁰
660007	60	MILEAGE	7.12	427 ²⁰
660711	5.4 ton	Tow mileage delivery (min)	122	660 ⁰⁰
665829	7x46 125sk	60/40 pos 4% accel	16 ⁰⁰	2000 ⁰⁰
		Subtotal		4589 ²⁰
		less disc 4%		2065 ⁰⁰
		Subtotal		2523 ²⁰
		SALES TAX		17.00 ✓
		ESTIMATED TOTAL		\$2600.95 ✓

CANNED

AUTHORIZATION: Ramiro Maldonado TITLE _____ DATE _____

I acknowledge that the payment terms, unless specifically amended in writing on the front of the form or in the customer's account records, at our office, and conditions of service on the back of this form are in effect for services identified on this form.