

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

1320123

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 #: 33640
Name: Haas Petroleum, LLC
Address 1: 10551 BARKLEY ST. #307
Address 2: _____
City: OVERLAND PARK State: KS Zip: 66212 + 1812
Contact Person: Mark Haas
Phone: (913) 499-8373
Type of Well: (Check one) ☐ Oil Well ☐ Gas Well ☐ OG ☐ D&A ☐ Cathodic
☐ Water Supply Well ☐ Other: _____ ☐ SWD Permit #: _____
☒ ENHR Permit #: E28723.6 ☐ 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. _____

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_____ Depth to Top: _____ Bottom: _____ T.D. _____

API No. 15 - 15-059-19881-00-01
Spot Description: _____
____ - ____ - ____ SE Sec. 4 Twp. 16 S. R. 21 ☒ East ☐ West
730 Feet from ☐ North / ☒ South Line of Section
1075 Feet from ☒ East / ☐ West Line of Section
Footages Calculated from Nearest Outside Section Corner:
☐ NE ☐ NW ☒ SE ☐ SW
County: Franklin
Lease Name: LIDIKAY Well #: 11 W 10
Date Well Completed: _____
The plugging proposal was approved on: _____ (Date)
by: _____ (KCC District Agent's Name)
Plugging Commenced: 06/24/2015
Plugging Completed: 06/24/2015

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
		Surface	6.2500	40	

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.

Rig and ran 1" tubing to TD. Fill to surface with cement. Pull 1" tubing and top off well with cement.

Plugging Contractor License #: 33961 Name: Consolidated Oil Well Services LLC
Address 1: 1322 S GRANT Address 2: PO BOX 884
City: CHANUTE State: KS Zip: 66720 + _____
Phone: (620) 431-9210
Name of Party Responsible for Plugging Fees: Mark Haas
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