



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

KANSAS CORPORATION COMMISSION 1320746
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



Service Order #: 75108C

Date: 03-Oct-16

Well Name	Location	County	St	API#		
Wailes Farms 1-16		Cheyene	KS	15-023-21450-00-00		
Formation	Cement Via	Type Of Service	Well Type	Age	AFE#	PO#
	TUBING	PLUG	OIL	REWORK		

Customer:

Remarks: Plug 1
 - 15.3 bbls (60 sks)
 - @ 4600 - 4055
 Plug 2
 - 39.5 bbls (155 sks)
 - @ 3150 - 2265

Customer Rep: Scott

PH:

Type	Size	Weight	Depth	Volume
Surface Casing:	8.675	24.0	421.0	
Production Casing:	5.500	15.5	4,832.0	
Intermediate:				
Drill Pipe:				
Tubing:	2.375	4.7	4,600.0	

BHT	Max PSI	Total Depth

Packer or RetainerType / Depth:

Type	Size	Depth (Top)	Depth (Bot)	Volume
Liner:				
Open Hole:				

Perf Depths:	#	Total
3,156.0	6	12
2,265.0	6	
	0	

TIME	PUMP RATES		DENSITY (lb/gl)	PRESS (psi)	STG TOT (bbls)	TOTAL (bbls)	REMARKS
	WATER (gpm)	PUMP (bpm)					
9:39	0	0.0	6.88	13	17	0.0	LOAD LINES WITH FRESH H2O
9:41	0	0.0	7.92	1,853	17	0.0	PRESSURE TEST LINES TO 3000 PSI
9:41	0	0.0	7.79	6	17	0.0	ESTABLISH CIRCULATION
9:45	0	0.0	7.81	6	17	5.7	MIX & PUMP GEL SPACER
10:03	0	0.0	8.29	6	17	44.9	BATCH UP & PUMP CMNT @ 13.8 PPG
10:23	163	0.3	6.88	0	17	60.5	DISPLACE CMNT W/FRESH H2O
10:28	165	0.0	7.69	6	17	76.5	SHUT DOWN / RIG PULL PIPE
11:12	0	0.0	7.37	6	17	76.5	PLUG 2 START / BACH UP CMNT @ 13.8 PPG
11:24	70	0.3	13.94	6	17	0.0	BEGIN PUMP CMNT
11:40	43	1.5	13.66	0	17	39.6	DISPLACE CEMENT
11:44	61	2.1	13.36	0	17	46.9	SHUT DOWN / WASH UP
12:41	0	0.0	9.51	6	17	0.0	PLUG 3 START / BATCH UP & PUMP CMNT @ 13.8
12:55	32	2.9	12.13	42	17	39.2	DISPLACE CEMENT W/FRESH H2O
14:17	0	0.0	10.38	6	17	0.0	14:17:41
15:14	0	0.0	12.40	0	17	0.0	15:09:36
15:33	44	0.0	12.95	0	17	0.0	SURFACE PLUG START / BATCH UP & PUMP CMNT
15:54	29	0.0	13.28	268	17	42.1	SHUT DOWN / END JOB

Summary

Max Fl. Rate	Avg Fl. Rate	Max Psi	Avg Psi
2.9	0.5	3,045	129

Customer Acknowledgement:	Service Rating:	Cementer:	PRODUCTS USED
<input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory		Cory Thaut	60/40 Poz + 4% Gel

