



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

KANSAS CORPORATION COMMISSION 1321078
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.

(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



Oil and Gas Corporation

Cementing
Service Ticket
Ticket #
Date: 10/17/2016

CHARGE TO: RUNNING FOXES PERTROLEUM

ADDRESS: 1690 155th St

CITY: Ft Scott STATE: Ks ZIP: 66701

LEASE & WELL NO.: MEECH 8-15

CONTRACTOR: CST OIL AND GAS CORPORATION

KIND OF JOB: CEMENT TOP OFF-2 3/8" FILL UP

SEC. 15 TWP. 24S RNG. 24E

API# 15-011-222982

Quantity	Material Used	Serv. Charge
<u>63</u>	PORTLAND CEMENT	
	FRESH WATER	
	2 7/8 RUBBER LANDING PLUG	
<u>2</u>	PUMP CHARGE	
<u>2</u>	BULK CHARGE	
<u>10</u>	BULK TRK. MILES	
<u>10</u>	PUMP TRK MILES	
	WATER TRK HRS	
	TRANSPORT/TRAILER HRS/MILES	
	BACKHOE HRS	
	2,000# VALVE	
		SALES TAX
		TOTAL

T.D. 622' CSG SET AT 600' VOLUME _____
 SIZE HOLE 6.5" Open Hole N/A VOLUME _____
 MAX PRESS. _____ PIPE SIZE 4.5"
 PLUG DEPTH N/A PKER DEPTH N/A
 _____ Cement Wt. _____

REMARKS: MIRU. Dug an earth pit close to the wellhead. TOH w/DHE. TIH w/2 3/8" work string to a depth of: 160'. Washed down through 0' of fill to reach well TD. TOH w/1 joint of 2 3/8" tubing. Started pumping cement through the 2 3/8" tubing. Brought cement to surface. TOH w/ 5 joints of tubing. Latch onto wellhead w/cement truck and brought cement to surface. Capped off well. RDMO.

OTHER:

EQUIPMENT USED		NAME:	UNIT #
NAME:	UNIT NO.#		
<u>Robert</u>	Pump Truck <u>2319</u>		
	Pulling Unit		
<u>Justin</u>	Bulk Truck <u>9697</u>		

CST Rep Signature _____ Owners Rep Signature _____