



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

KANSAS CORPORATION COMMISSION 1325035
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



Kevin F. Hough

Oil and Gas Supervision

403 North Myrtle, Eureka, KS 67045 620-583-4785

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Kleeman 2-A

12-14-2016 Drove to Kleeman Lease and wast on Brady Fluid Service to pump down 5 1/2 casing to make sure Perforations are open.

Brady arrived and hooked to casing @1:30 . Filled casing and start pumping into formation @ 1 BBI/MIN and 650PSI. Took to 2BBI/min and pressure stayed @ 650psi. Finished pumping 50 BBL and Un hooked from Casing. Called State and Consolidated and set up plugging job for 10:00am on December 15, 2016. Called Brady Fluid service to bring 80BBL water to do job.

12-15-2016 On location @8:30 am waiting on Ken Jelhick with KCC ,Consolidated Oil Field Service out of Oakley and Brady Fluid Service.

At 10:20 every one is on location and Consolidated si hooked to 5 1/2 casing. Had safety Meeting and started mixing 180sx 60/40 Pos Mix 4% Gel and 200LBS Hulls and pumped down Casing @650PSI. When Hulls hit Perforations @1678 to 1760 Pressure went to 1000PSI. Shut down and Pressure went to 700PSI. Pumped again and Pressure went Back to 1000PSI shut Valve in .

Hooked to annulus and mixed 10sx and filled backside to Ground Level. Shut down clean up Consolidated . Job finished at 12:05

Head to Eureka



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

TICKET NUMBER 51675
LOCATION Oakley Ks
FOREMAN Walt Drakal

**FIELD TICKET & TREATMENT REPORT
CEMENT**

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
12-15-16		Kleeman 2-A	36	225	360	Keosauqua
CUSTOMER		Pintail Petroleum Lakiu				
MAILING ADDRESS		10N	TRUCK #	DRIVER	TRUCK #	DRIVER
CITY		2E	731	Cory Davis		
STATE		Mo. S.	772-T129	Miles Shaw		
ZIP CODE						

JOB TYPE DHD HOLE SIZE _____ HOLE DEPTH _____ CASING SIZE & WEIGHT 5 1/2"
 CASING DEPTH 2700' DRILL PIPE _____ TUBING _____ OTHER Per 1698'-1260
 SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING Plus 2 1800'
 DISPLACEMENT _____ DISPLACEMENT PSI _____ MIX PSI _____ RATE _____

REMARKS: Safety Meeting, rig up equipment, Hook up to 5 1/2", mix 1800sk
6 1/4" 40% cel w/ 200# Hulls, pressure to 1000#, mixed 10 sks
down Backside, pressure to 300#

*Thank You
Walt + crew*

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
C00470	1	PUMP CHARGE	950.00	950.00
C00002	60	MILEAGE	7.15	429.00
	8.17	Tom mileage Delivery	1.25	858.00
C05829	190 sks	Lite Weight Blend V	16.00	3040.00
C06080	200# #	Cotton Seed Hulls	1.50	100.00
				5,377.00
			less 45% Dis	2,419.65
				2,957.35
			SALES TAX	
			ESTIMATED TOTAL	

Ravin 3737

AUTHORIZATION *Kenn F. Houbert* TITLE AGENT 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.