



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

KANSAS CORPORATION COMMISSION 1325328
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

Customer LA DRILLING INC		Lease No. DNC	Date 12-15-16	
Lease BRADLEY TRUST		Well # 1-36		
Field 1828	Station PRATT, KS	Casing 5 1/2	Depth	County BRATON State KS
Type Job 241-PTA	Formation		Legal Description 35-17-11	

PIPE DATA		PERFORATING DATA		FLUID USED	TREATMENT RESUME		
Casing Size	Tubing Size	Shots/Ft		Acid	RATE	PRESS	ISIP
Depth	Depth	From	To	Pre Pad	Max		5 Min.
Volume	Volume	From	To	Pad	Min		10 Min.
Max Press	Max Press	From	To	Frac	Avg		15 Min.
Well Connection	Annulus Vol.	From	To		HHP Used		Annulus Pressure
Plug Depth	Packer Depth	From	To	Flush	Gas Volume		Total Load

Customer Representative	Station Manager KEVIN	Treater BRADLEY
Service Units 83353	19903-20920	19889-19918
Driver Names KG	BRADLEY	PAUL

Time	Casing Pressure	Tubing Pressure	Bbls. Pumped	Rate	Service Log
0850					ON LOCATION
0900	100		10	4	1st Plug AT 1300'
	100		25	4	BREAK CIRC
	100		10	4	MIX 100 SIL CMT. w/ 200# HULLS
					PUMP 10 bbl H₂O
0930					2nd Plug AT 900'
	100		2	4	BREAK CIRC
	100		12 1/2	4	MIX 50 SIL CMT w/ 100# HULLS
	100		7	4	PUMP 7 bbl H₂O
1000					3rd Plug AT 650'
	100		2	4	BREAK CIRC.
	100		12 1/2	4	PUMP 50 SIL CMT w/ 100# HULLS
1100					4th Plug AT 300'
			30	4	CIRCULATE CEMENT
					125 SIL CEMENT
					USED 325 SC 60/40 4 1/2" CEL
					TOTAL
1130					JOB COMPLETE - KEVIN