

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

KANSAS CORPORATION COMMISSION 1331067
 OIL & GAS CONSERVATION DIVISION
WELL PLUGGING RECORD
 K.A.R. 82-3-117

Form CP-4
 March 2009
Type or Print on this Form
Form must be Signed
All blanks must be Filled

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 #: 70,080

Date: 01-Nov-16

Well Name	Location	County	St	API#		
MAGLEY TRUST UNIT 1		CHEYENNE	KS			
Formation	Cement Via	Type Of Service	Well Type	Age	AFE#	PO#
	DRILL PIPE	PLUG		NEW		

Customer: LD DRILLING

Remarks: 50 SKS, 12.7 BBLs, @ 3100'-2890' TOC
 100 SKS, 25.5 BBLs, @ 2175'-1752' TOC
 50 SKS, 12.7 BBLs, @ 410'-208' TOC
 10 SKS, 2.5 BBLs, @ 40'-0'
 30 SKS, 7.6 BBLs RAT HOLE TOP OFF

Customer Rep:

PH:

Type	Size	Weight	Depth	Volume
Surface Casing:	8.625	24.0	359.0	
Production Casing:				
Intermediate:				
Drill Pipe:	4.500	16.6	3,100.0	
Tubing:				

BHT	Max PSI	Total Depth
	250	3,100.0

Packer or Retainer Type / Depth:

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Type	Size	Depth (Top)	Depth (Bot)	Volume
Liner:				
Open Hole:	7.875	359.0	3,100.0	

Perf Depths:	#	Total
	0	0
	0	
	0	

TIME	PUMP RATES		DENSITY (lb/gl)	PRESS (psi)	STG TOT (bbls)	TOTAL (bbls)	REMARKS
	WATER (gpm)	PUMP (bpm)					
17:16	0	0.0	6.88	43	115.2	127.2	ANNOTATION
17:27	253	0.0	6.88	1,059	120.8	132.8	PSI TEST
17:31	0	0.0	6.99	49	0.0	0.0	H2O SPACER
17:37	0	2.6	13.81	171	9.9	9.9	START 13.8# CMT
17:42	0	2.6	13.12	126	12.8	22.9	END CMT START H2O SPACER
17:43	0	0.0	9.67	37	3.6	27.1	OFFLINE HAND OVER TO RIG 37 BBLs MUD
18:46	0	0.0	8.94	43	0.0	0.0	H2O SPACER
18:51	0	3.1	13.76	183	10.0	10.0	START CMT
18:59	59	3.1	13.47	150	25.5	35.5	END CMT START DISPLACEMENT
19:04	0	0.0	0.00	0	0.0	0.0	COMPUTER STOPPED RECORDING
19:04	0	0.0	0.00	0	0.0	0.0	DISPLACED 24 BBLs
21:08	19	0.0	12.67	0	0.0	58.9	H2O SPACER
21:11	0	3.0	13.60	73	9.9	9.9	START CMT
21:16	0	3.0	13.66	111	12.6	22.7	END CMT START DISPLACEMENT
21:17	0	0.0	13.26	0	2.9	25.7	OFFLINE
22:25	0	0.2	13.55	0	0.0	0.0	TOP OFF 8.625 CASING
22:27	55	0.0	14.12	0	3.9	3.9	TOP OFF RAT HOLE
22:33	0	0.8	6.88	0	14.0	14.0	OFFLINE

Summary

Max FI. Rate	Avg FI. Rate	Max Psi	Avg Psi
3.1	2.2	1,274	92

Customer Acknowledgement:

Service Rating:

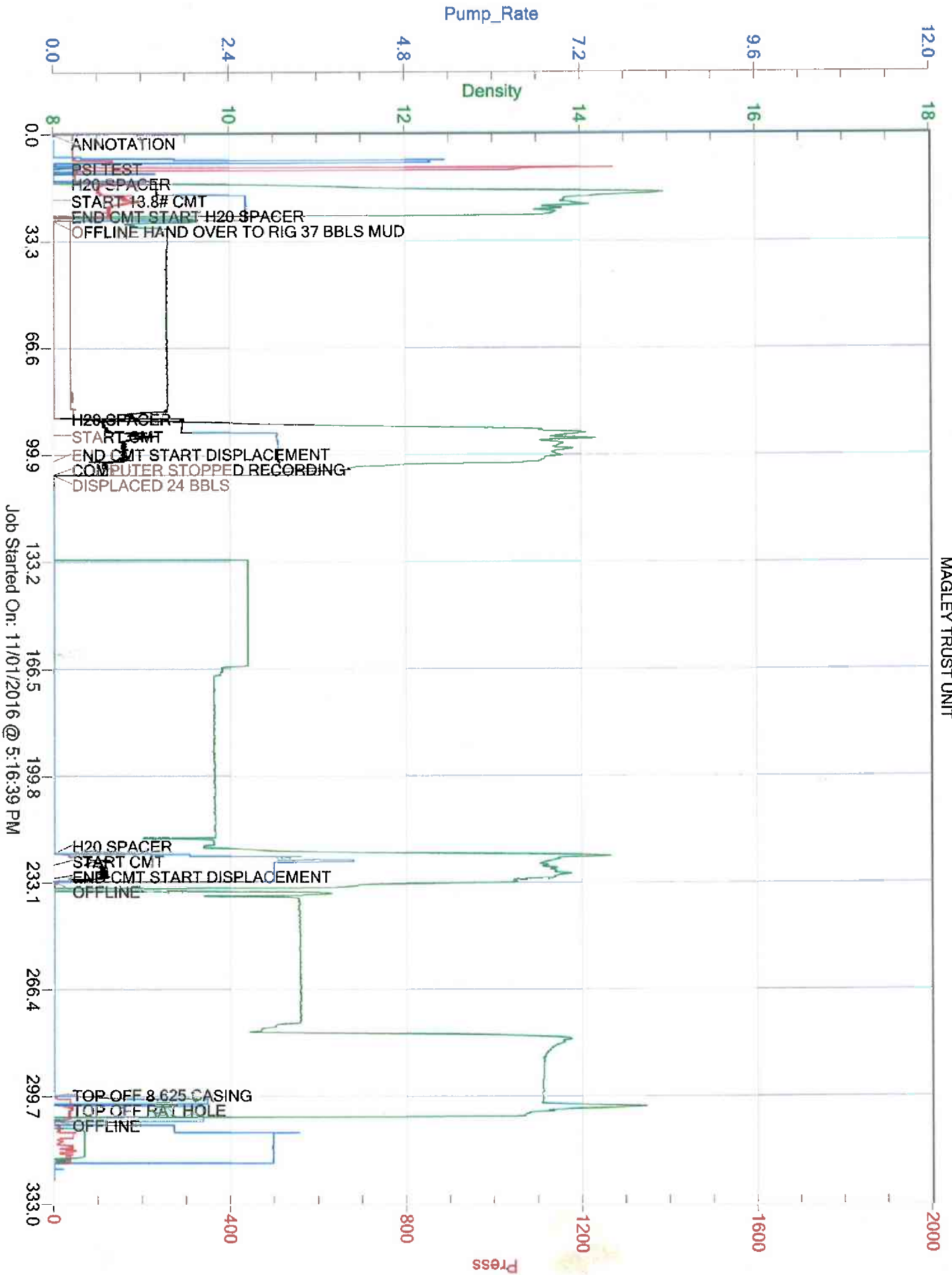
- Satisfactory
- Unsatisfactory

Cementer:

A.HOWELL

PRODUCTS USED

60/40 POZ, 1.43 YIELD, 13.78#
 W/ 4% GEL, .25 #/SK CELLFLAKE



Job Started On: 11/01/2016 @ 5:16:39 PM