

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

KANSAS CORPORATION COMMISSION  
OIL & GAS CONSERVATION DIVISION

1347535

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

**CONSOLIDATED**

Oil Well Services, LLC

TICKET NUMBER 52076LOCATION El DoradoFOREMAN FuzzyPO Box 884; Chanute, KS 66720  
620-431-9210 or 800-467-8676**FIELD TICKET & TREATMENT REPORT  
CEMENT**

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
3-7-17	5436	Jackson #9	22	26S	9E	Grosvonts
CUSTOMER M+S Energy LLC/McLendon Co. 1			TRUCK #			
MAILING ADDRESS 2600 N. Chase			DRIVER			
CITY El Dorado	STATE KS	ZIP CODE 67042	TRUCK #			
			DRIVER			
			603 Tracy			
			667 Jeremy			
			692 Mark			
			866 Fuzzy			

JOB TYPE AWP HOLE SIZE \_\_\_\_\_ HOLE DEPTH 1700' CASING SIZE & WEIGHT 4 1/2"  
 CASING DEPTH 1700' DRILL PIPE \_\_\_\_\_ TUBING 2 3/8" OTHER \_\_\_\_\_  
 SLURRY WEIGHT \_\_\_\_\_ SLURRY VOL \_\_\_\_\_ WATER gal/sk \_\_\_\_\_ CEMENT LEFT IN CASING \_\_\_\_\_  
 DISPLACEMENT \_\_\_\_\_ DISPLACEMENT PSI \_\_\_\_\_ MIX PSI \_\_\_\_\_ RATE \_\_\_\_\_

REMARKS: safety meeting on location. Rig up and attempt to wash log down to 1900'. Unsuccessful. The 1696 mix 255Ks 60/40 490cel 490cc w/hulls. Pull log to 1200' mix 100Ks cement w/490cc hulls. Pull log to 250' and circulate cement from 250' to surface down 4 1/2 casing and 4 1/2 B-side with 50Ks cement w/hulls. B-side would not circulate - ran 260' 1" pipe and cemented to surface with 80Ks cement. Top of 4 1/2 casing and B-side with 255Ks. 100Ks Total 60/40 490cel

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
660451	1	PUMP CHARGE	1900 <sup>00</sup>	1900 <sup>00</sup>
660002	30	MILEAGE	7.15	214.50
660761	8.2 Ton	Tow Mileage Delivery (min)	660 <sup>00</sup>	660 <sup>00</sup>
660853	7 hrs	80 BTL One Truck	100 <sup>00</sup>	700 <sup>00</sup>
666159	300 gal	City water	1.02	60 <sup>00</sup>
665829	190 SKS	60/40 490	16 <sup>00</sup>	3040 <sup>00</sup>
665325	250 #	Calcium chloride	1.25	312.50
660850	40 #	contaminated hulls	1.50	20 <sup>00</sup>
		Subtotal		6907 <sup>00</sup>
		discount		3108.15
		Subtotal		3798.85
		SALES TAX		
		ESTIMATED TOTAL		

Ravm 3737

AUTHORIZATION [Signature]TITLE [Signature]

DATE \_\_\_\_\_

I acknowledge that the payment terms, unless specifically amended in writing on the front of the form or in the customer's