

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

 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 WestFeet from North / South Line of SectionFeet 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

Summary of Changes

Lease Name and Number: Blevins 13

API/Permit #: 15-059-27096-00-00

Doc ID: 1351953

Correction Number: 1

Field Name	Previous Value	New Value
Approved Date	07/14/2016	04/14/2017
CasingRecordSize_1	7	8.625
Plugging Contractor's Street Address - line 1	3150 W 215th ST	5128 W. 164TH
Plugging Contractor's Zip	66013	66085
Plugging Contractor'sCity	BUCYRUS	OVERLAND PARK
Save Link	../../kcc/detail/operatorEditDetail.cfm?docID=1311890	../../kcc/detail/operatorEditDetail.cfm?docID=1351953