

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

KANSAS CORPORATION COMMISSION 1359304
 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

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KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

WELL PLUGGING RECORD

K.A.R. 82-3-117

Form CP-4
July 2014

Type or Print on this Form
Form must be Signed
All blanks must be Filled

OPERATOR: License #: 4706
Name: Messenger Petroleum, Inc.
Address 1: 525 S Main ST
Address 2: _____
City: Kingman State: Ks Zip: 67068 + 1968
Contact Person: Jon F. Messenger
Phone: (620) 532-5400
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 - 15-095-20615-00-02
Spot Description: NA
NE SE NW Sec. 15 Twp. 30 S. R. 7 East West
3,630 Feet from North / South Line of Section
2,970 Feet from East / West Line of Section
Footages Calculated from Nearest Outside Section Corner:
 NE NW SE SW
County: Kingman
Lease Name: Pulliam-(Tenneco) Well #: 2-15
Date Well Completed: NA
The plugging proposal was approved on: NA (Date)
by: Jeff Klock (KCC District Agent's Name)
Plugging Commenced: 6/23/2017
Plugging Completed: 6/29/2017

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
		Surface	9 5/8"	382'	300 Sacks Cement
		Production	7"	4504'	800 Sacks Cement

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.

Drove to location, below gas off well, raised pole, couldn't get tubing head off, packed head back in, hooked up and pumped 50 sacks cement, 100# hulls, displaced down to 3790' with 153 bbls of water, shut in at 500 psi. open valve on tubing head, well still had some gas, tagged cement at 3790', tried to do bond log, couldn't read because of gas, sanded off well, drove home. Drove to location, did bond log, determined cement at 950', bailed 5 sacks cement on sand, dug cellar out, cut well head off for welder to weld slip collar on, set floor, ran tubing to 1200', pumped 35 sacks cement, pulled tubing out, rigged up floor, shot casing at 850', came free, pulled casing to 750', pumped 50 sacks cement, pulled casing to 316', pumped 150 sacks cement, circulated to surface, pulled casing out, tore down floor and rig, drove home.

Plugging Contractor License #: 31925 Name: Quality Well Service, Inc.
Address 1: 190 US HWY 56 Address 2: _____
City: Ellinwood State: Ks Zip: 67526 + 620
Phone: (620) 727-3409

Name of Party Responsible for Plugging Fees: Messenger Petroleum, Inc.
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.

Signature: _____

QUALITY WELL SERVICE, INC.

Federal Tax I.D. # 481187368

6679

Home Office 324 Simpson St., Pratt, KS 67124

Office 620-727-3410
Fax 620-672-3663

Rich's Cell 620-727-3409
Brady's Cell 620-727-6964

Date	6-23-17 6-29-17.	Sec.	15	Twp.	30	Range	7	County	Kingman	State	KS	On Location	Finish
Lease	Pulligan		Well No.	2-15.		Location							
Contractor	Quality Well Service							Owner					
Type Job	PTA. Pumped Bottom							To Quality Well Service, Inc. You are hereby requested to rent cementing equipment and furnish cementer and helper to assist owner or contractor to do work as listed.					
Hole Size	T.D.							Charge To					
Csg.	7.		Depth		Messages								
Tbg. Size	Depth		Street										
Tool	Depth		City							State			
Cement Left in Csg.	Shoe Joint		The above was done to satisfaction and supervision of owner agent or contractor.										
Meas Line	Displace		Cement Amount Ordered 285sx Common										
EQUIPMENT													
Pumptrk	8	No.								Common 285			
Bulktrk	10	No.								Poz. Mix			
Bulktrk	No.											Gel.	
Pickup	No.								Calcium 2				
JOB SERVICES & REMARKS								Hulls 100#					
Rat Hole								Salt					
Mouse Hole								Flowseal					
Centralizers								Kol-Seal					
Baskets								Mud CLR 48					
D/V or Port Collar	6-23-17							CFL-117 or CD110 CAF 38					
1st. Hooked up to 7' csg pumped								Sand					
50sx common cement 100# hulls.								Handling 289					
displaced with 153bbls H ² O to								Mileage 50					
3790' shut in 500psi.								FLOAT EQUIPMENT					
6-29-17.								Guide Shoe					
1st. Ran tubing to 1200' pumped								Centralizer					
35sx 36cc. cement.								Baskets					
								AFU Inserts					
2nd. Pumped 50sx cement @ 750								Float Shoe					
								Latch Down					
3rd Pumped 150sx cement @ 316'								LMV					
to surface.								Service Supervisor					
								Pumptrk Charge PTA					
								Mileage 100					
											Tax		
											Discount		
X											Total Charge		
Signature													