

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

KANSAS CORPORATION COMMISSION 1365426
 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



8261
8466

TICKET NUMBER 53563
 LOCATION Oakley KS
 FOREMAN Jerry Y
Walt Dinkel
KS

620-431-9210 or 800-467-8676

FIELD TICKET & TREATMENT REPORT
 CEMENT

Invoice # 810737

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
7-15-17	5659	Bloom 1-3	3	11s	31w	Gove
CUSTOMER						
Mull Drilling Company						
MAILING ADDRESS						
1700N. Waterfront Parkway Bldg. 1200						
CITY						
Wichita		STATE	KS	ZIP CODE	67206-6637	
TRUCK #						
731						
DRIVER						
Walt D						
TRUCK #						
479						
DRIVER						
Seth O						

JOB TYPE Plug HOLE SIZE 7 7/8 HOLE DEPTH 4700' CASING SIZE & WEIGHT _____
 CASING DEPTH _____ DRILL PIPE 4 1/2 TUBING _____ OTHER _____
 SLURRY WEIGHT 13.8 SLURRY VOL 142 WATER gal/sk _____ CEMENT LEFT in CASING _____
 DISPLACEMENT _____ DISPLACEMENT PSI _____ MIX PSI _____ RATE _____

REMARKS: Safety meeting & rig up on WW 2 plug as ordered with 240 sks
60/40 4 1/2 # sk
50 sks @ 2560'
100 sks @ 1700'
50 sks @ 310'
10 sks @ 40' with 8 5/8 wooden plug
30 sks Ret hole
 Thank you
 Jerry & crew

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
CE04514	1	PUMP CHARGE	1900.00	1900.00
CE00024	5	MILEAGE	7.15	35.75
CE07114	10.32	ton mileage delivery min	66.00	660.00
CC58294	240 sks	lotablad V	16.00	3840.00
CC60754	60 #	slt seal	3.00	180.00
CP82284	1	8 5/8 wooden plug	165.00	165.00
			Subtotal	6780.75
			-30%	2034.23
			Subtotal	4746.52
			SALES TAX	249.01
			ESTIMATED TOTAL	4995.53

Ravin 3737

AUTHORIZATION _____

TITLE _____

DATE _____