

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

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 - 15-077-21224-00-00
Spot Description: NA
SE NW NW Sec. 1 Twp. 31 S. R. 7 East West
4,290 Feet from North / South Line of Section
4,290 Feet from East / West Line of Section
Footages Calculated from Nearest Outside Section Corner:
 NE NW SE SW
County: Harper
Lease Name: BBurg A Well #: 1
Date Well Completed: NA
The plugging proposal was approved on: NA (Date)
by: Jeff Klock (KCC District Agent's Name)
Plugging Commenced: 4/20/2017
Plugging Completed: 4/20/2017

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	8 5/8"	272'	175 Sacks Cement
		Production	4 1/2"	3673'	100 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, raised pole, blew gas off well, checked hole, waited on plugging procedure, decided to plug from top, tore down rig.

Plugging Contractor License #: 31925 Name: Quality Well Service, Inc.
Address 1: 190 US HWY 56 Address 2: _____
City: Ellinwood State: Ks Zip: 67526 + _____
Phone: (620) 727-6964
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: _____