

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

1374494

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



Oil and Gas Corporation

Cement, Acid, or Tools

Service Ticket

Ticket # 77-17-0150

Date: 11/27/2017

CHARGE TO:

ADDRESS: 1690 155TH ST

CITY: FORT SCOTT

STATE:

ZIP: 66701

LEASE & WELL NO: VALENTINE 8-23

CONTRACTOR Running Foxes

KIND OF JOB: CEMENT FILL UP - PLUG JOB

SEC. 23

TWP. 24

RNG. 25

EAST

API# 15-011-23014

Quantity	Material Used	Serv. Charge
<u>21 sacks</u>	PORTLAND CEMENT	
<u>40 BBL'S</u>	FRESH WATER	
	2 7/8 RUBBER LANDING PLUG	
	CEMENT PUMP TRUCK	
	80-VAC	
	BULK TRUCK	
	PULLING UNIT	
	CREW TRUCK & PIPE TRAILER	
	OTHER:	
	PUMP CHARGE	
	BULK CHARGE	
<u>30</u>	BULK TRK. MILES	
<u>30</u>	PUMP TRK MILES	
	WATER TRK HRS	SALES TAX
	2,000# VALVE	TOTAL

T.D.	<u>411'</u>	CSG SET AT	<u>370'</u>	VOLUME	<u></u>
SIZE HOLE	<u>6.5"</u>	Open Hole	<u>N/A</u>	VOLUME	<u></u>
MAX PRESS.	<u></u>	PIPE SIZE	<u>2.375"</u>		
PLUG DEPTH	<u>N/A</u>	PKER DEPTH	<u>N/A</u>		
		Cement Wt.			

REMARKS: MIRU. TIH W/1" TUBING & WASH WELL TO TD - LATCH ONTO 1" W/PUMP TRUCK
AND PUMP CEMENT TO SURFACE. TOH W/ 20 JOINTS OF 1" TUBING OUT AND
PUMP CEMENT TO SURFACE. TOH W/19 JOINTS OF TUBING AND PUMP CEMENT
TO SURFACE. TOH W/1 JOINT OF TUBING AND TOP OFF WELL W/CEMENT. WASH
CEMENTING EQUIPMENT. RDMO.

EQUIPMENT USED

NAME:

UNIT NO.#

Pump Truck

Pulling Unit

Bulk Truck

NAME:

UNIT #

Carl Taylor
Jeff Cummings
Matt Roberts

Tunesco Rep Signature

Owners Rep Signature