**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

#### 1374618

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 #:					API No. 15				
Name:				Spot Description:					
Address 1:					Sec 7	wp S. R	East West		
Address 2:					Feet from North / South Line of Section				
City:					Feet from East / West Line of Section				
Contact Person:					Footages Calculated from Nearest Outside Section Corner:				
Phone: ( )					NE NW	SE SW			
Type of Well: (Check one)	Oil Well Gas Well	OG D&A Catho	dic	County:					
Water Supply Well	Other:	SWD Permit #:		Lease Name: Well #:					
ENHR Permit #: Gas Storage Permit #:					Date Well Completed:				
s ACO-1 filed? Yes	No If not, is we	Il log attached? Yes	No	The plugging proposal was approved on: (Date)					
Producing Formation(s): List	All (If needed attach anothe	r sheet)							
Depth to	o Top: Botto	om: T.D							
Depth to	o Top: Botto	om: T.D		Plugging Commenced: Plugging Completed:					
Depth t	o Top: Botto	om:T.D		Flugging	Completed				
Show depth and thickness of	all water, oil and gas form	ations.							
Oil, Gas or Water Records Casing					Record (Surface, Conductor & Production)				
Formation	Content	Casing	Size		Setting Depth	Pulled Out			
cement or other plugs were u	sed, state the character of	same depth placed from (bo	ottom), to	(top) for eacr	n plug set.				
Plugging Contractor License #: Nai									
Address 1: Addre									
City:		_ State:		Zip:	+				
Phone: ( )				_					
Name of Party Responsible for	or Plugging Fees:								
State of	County,	County,		, ss.					
					plovee of Operator or	Operator on a	hove-described wall		

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.

(Print Name)

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Signature: \_

# KANSAS CORPORATION COMMISSION OIL & GAS CONSERVATION DIVISION

Form CP-4 July 2014 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 #:				Footages Calculated from Nearest Outside Section Corner:  NE NW SE SW				
Type of Well: (Check one) Oil Well Gas Well OG D&A Cathod Water Supply Well Other: SWD Permit #:  ENHR Permit #: Gas Storage Permit #:  Is ACO-1 filed? Yes No If not, is well log attached? Yes 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.				County: Pratt  Lease Name: Pierpoint Well #: 4  Date Well Completed: NA  The plugging proposal was approved on: NA (Date) by: Scott Alberg (KCC District Agent's Name)  Plugging Commenced: 10/24/2017  Plugging Completed: 10/25/2017				
Show depth and thickness of all water Record			Casina Per	ord (Surfa	ce, Conductor & Produc	otion\		
<u></u>	ntent	Casing Record		oru (Suria	Setting Depth	Pulled Out		
Drove to location, raised p beat on bridge with baylor ran down with bridge plug off casing head, set floor,	ate the character of sole, had to head, couldn't move, stacked out a checked hole, d, pumped 10 s	same depth placed from (both at ring on tubing head a it, hooked up to 5 1/ t 746', casing was pa sand at 4150', bailed sacks gel, 50 sacks o	tom), to (top d to get o /2" casing arted, sar l 5 sacks cement, 1	o) for each off, tried g, pump nded off sand o 150# ht	plug set.  to set bridge pluced bridge out, of bottom, dug ce n plug, pulled slulls, pulled casin	checked hole with baylor, illar and pit, had to cut ring ips, casing was parted, cut g to 40', pumped 35 sacks		
Plugging Contractor License #: 31925			Name:	e: Quality Well Service, Inc.				
Address 1: 190 US HWY 56								
City: Ellinwood				State: _Ks zip: 67526 +				
Phone: (620 ) 727-6964								
Name of Party Responsible for Plugg	ging Fees: <u>Hoen</u>	er, Ross						
State of	County,			SS.				
	(Print Name)			Emp	oloyee of Operator or	Operator on above-described well,		
being first duly sworn on oath, says: the same are true and correct, so he	That I have knowled	ge of the facts statements, ar	nd matters h	nerein con	tained, and the log of	the above-described well is as filed, and		