

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
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

REMIT TO
RR 1 BOX 90 D
HOXIE, KS 67740

SCHIPPERS OIL FIELD SERVICE L.L.C.

No 000614

DATE <i>12/5/17</i> SEC. <i>1b</i>	RANGE/WP. <i>6-36W</i>	CALLED OUT	ON LOCATION	JOB START	JOB FINISH
LEASE <i>Robinson 'C'</i>		WELL # <i>OWWO #1</i>		COUNTY <i>TH</i>	STATE <i>KS</i>

CONTRACTOR	OWNER <i>LD Drilling</i>			
TYPE OF JOB <i>Old Hole Plus</i>				
HOLE SIZE	T.D.	CEMENT		
CASING SIZE <i>4 1/2</i>	DEPTH	AMOUNT ORDERED	<i>4500 sk</i>	
TUBING SIZE	DEPTH			
DRILL PIPE	DEPTH			
TOOL	DEPTH			
PRES. MAX	MINIMUM	COMMON	<i>270</i>	@
DISPLACEMENT	SHOE JOINT	POZMIX	<i>180</i>	@
CEMENT LEFT IN CSG.		GEL	<i>15</i>	@
PERFS		CHLORIDE		@
		ASC		@
EQUIPMENT		<i>Hulls</i>	<i>7</i>	@
				@
PUMP TRUCK				@
# <i>Jeremy Stucker</i>				@
BULK TRUCK				@
# <i>Nick Austin</i>				@
BULK TRUCK				@
#				@
<i>SOS Water truck</i>		HANDLING		@
		MILEAGE	<i>60</i>	@
				@
				TOTAL

REMARKS	SERVICE <i>Old Hole Plus</i>		
<i>3500' 90 sk 200lb Hulls</i>	DEPT OF JOB		@
<i>2650' 90 sk 100lb Hulls</i>	PUMP TRUCK CHARGE		@
<i>1375' 100 sk 50 lb Hulls</i>	EXTRA FOOTAGE		@
<i>Top O&I 7.5 sk</i>	MILEAGE	<i>60</i>	@
<i>Backside 80 sk</i>	MANIFOLD		@
			@
			TOTAL

CHARGES TO: <i>LD Drilling</i>	
STREET	STATE
CITY	ZIP

385sk total

To: Schippers Oil Field Services L.L.C.
You are hereby requested to rent cementing equipment and furnish staff to assist owner or contractor to do work as is listed. The above work was done to satisfaction and supervision of owner agent or contractor. I have read and understand the "TERMS AND CONDITIONS" listed on the reverse side.

PLUG & FLOAT EQUIPMENT	
	@
	@
	@
<i>Did Price with water trucks</i>	@
	@
	TOTAL <i>7,500.00</i>
TAX	
TOTAL CHARGE	
DISCOUNT (IF PAID IN 20 DAYS)	

Sheridan Sentinel Print / Form 411

SIGNATURE _____ PRINTED NAME _____