

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.

(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



PRESSURE PUMPING LLC
PO Box 884, Chanute, KS 66720
620-431-9210 or 800-467-8676

API# 15-035-191180-00-00

TICKET NUMBER **55365**
LOCATION Ch Dorado, KS
FOREMAN Fuzzy

FIELD TICKET & TREATMENT REPORT CEMENT

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
3-14-18		M: 1102 * 6	15	33	3	Nowley
CUSTOMER Anistone + Musgrove			TRUCK #			
MAILING ADDRESS P.O. 391			DRIVER			
CITY Ponca City			TRUCK #			
STATE OKLA			DRIVER			
ZIP CODE 74602						

JOB TYPE _____ HOLE SIZE _____ HOLE DEPTH _____ CASING SIZE & WEIGHT 5"2
CASING DEPTH _____ DRILL PIPE _____ TUBING 2 3/8 OTHER _____
SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING CEBP-3225
DISPLACEMENT _____ DISPLACEMENT PSI _____ MIX PSI _____ RATE per ft @ 350'

REMARKS: Safety meeting on Sam's well service. Rig up and establish circulation. Mix 90 sks 60/40 490cc 190 cc w cottonseed hulls from 350' to surface - 5'2/8 3/8 x fill 5'2 casing. Pull all 467 and fill 5'2 with 15 sks cement

Thanks Fuzzy & Crew

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
CE0450	1	PUMP CHARGE	1500 ⁰⁰	1500 ⁰⁰
CE0002	60	MILEAGE	7 ¹²	429 ⁰⁰
CE0711	4.5 Ton	Ton mileage Delivery (min)	660 ⁰⁰	660 ⁰⁰
CE5829	105 sks	60/40 490cc	16 ⁰⁰	1680 ⁰⁰
CE5325	100*	Calcium chloride	1 ²⁵	125 ⁰⁰
CE6080	40*	Cottonseed hulls	1 ⁰⁰	40 ⁰⁰
		Subtotal		4434 ⁰⁰
		discount		1773 ⁰⁰
		Subtotal		2660 ⁰⁰
		SALES TAX		
		ESTIMATED TOTAL		

Ravin 3737

AUTHORIZATION Day

TITLE Prod. Supt

DATE 3-14-18

I acknowledge that the payment terms, unless specifically amended in writing on the front of the form or in the customer's account records, at our office, and conditions of service on the back of this form are in effect for services identified on this form.