

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

TO:API:Well Number: 15-065-22277-0000

STATE CORPORATION COMMISSION

CONSERVATION DIVISION - PLUGGING

130 SOUTH MARKET, SUITE 2078

WICHITA, KANSAS 67202

Spot: SW NW NW Sec/Twnshp/Rge: 35-7-23W

4071 feet from S Section Line

5207 feet from E Section Line

Lease/Unit Name: KORB Well Number: 1

County: GRAHAM Total Vertical Depth: 3820 feet

String Size Depth (ft) Pulled (ft)

Operator License No.: 4656

Conductor

Operator Name: DAVIS PET INC

Surface 8 5/8 314' 200SXS

Address: 7 SW 26 AVE

Production 4 1/2 3818' 300 SXS.

GREAT BEND KS. 67530

Liner

Well Type: UIC UIC Docket No: E 24567.1 Date/Time to Plug: 3-6-18 10 AM

Plug Co. License No.: _____ Plug Co. Name: SCHIPPERS

Proposal Rcvd. from: _____ Company: _____ Phone: _____

Proposed

Plugging

Method

**400 SXS 60/40 POZ 4% GEL 500# HULLS
PERFS @ 3730'-31', 3738'-40', 3760'-3761'
ALT II @ 1952' WITH 300 SXS**

Plugging Proposal Received By: MARV MILLS Witness Type: All X Partial Not Witnessed

Date/Time Plugging Completed: 3-7-18 1:00PM KCC Agent: MARVIN MILLS

Actual Plugging Report:

**TIE ON CASING PUMP 300 SXS CEMENT AND 300# HULLS
TIE ON BACK SIDE SQUEEZE WITH 15 SXS CEMENT SHUT IN 150 PSI
TOP OFF CASING WITH 30 SXS CEMENT STILL FALLING SHUT DOWN COME BACK
LATER AND TOP OFF.
March 7, 2018 TOP OFF CASING WITH 30 SXS CEMENT FULL**

Remarks: GPS:39.40475 99.86364 SCHIPPERS TK # 622

Plugged through: CASING MARV MILLS ON JOB

District: 04 Marvin Mills E.C.R.S

Signed



(TECHNICIAN)