

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



Liberal Yard #1717 - Phone 620-624-2277 - 1700 S. Country Estates Road, Liberal KS 67901

PRESSURE PUMPING Job Log

Customer:	MULL	Cement Pump No.:	38750-19842 7Hrs.	Operator TRK No.:	34726
Address:	00 North Waterfront Parkway bldg 12	Ticket #:	1718 15610 L	Bulk TRK No.:	14355-37724
City, State, Zip:	Wichita Ks 67206	Job Type:	Z42 - PLUG TO ABANDON		
Service District:	Liberal, Ks.	Well Type:	OIL		
Well Name and No.:	R & M MILLER 1-14	Well Location:	County:	WICHITA	State:
					ks

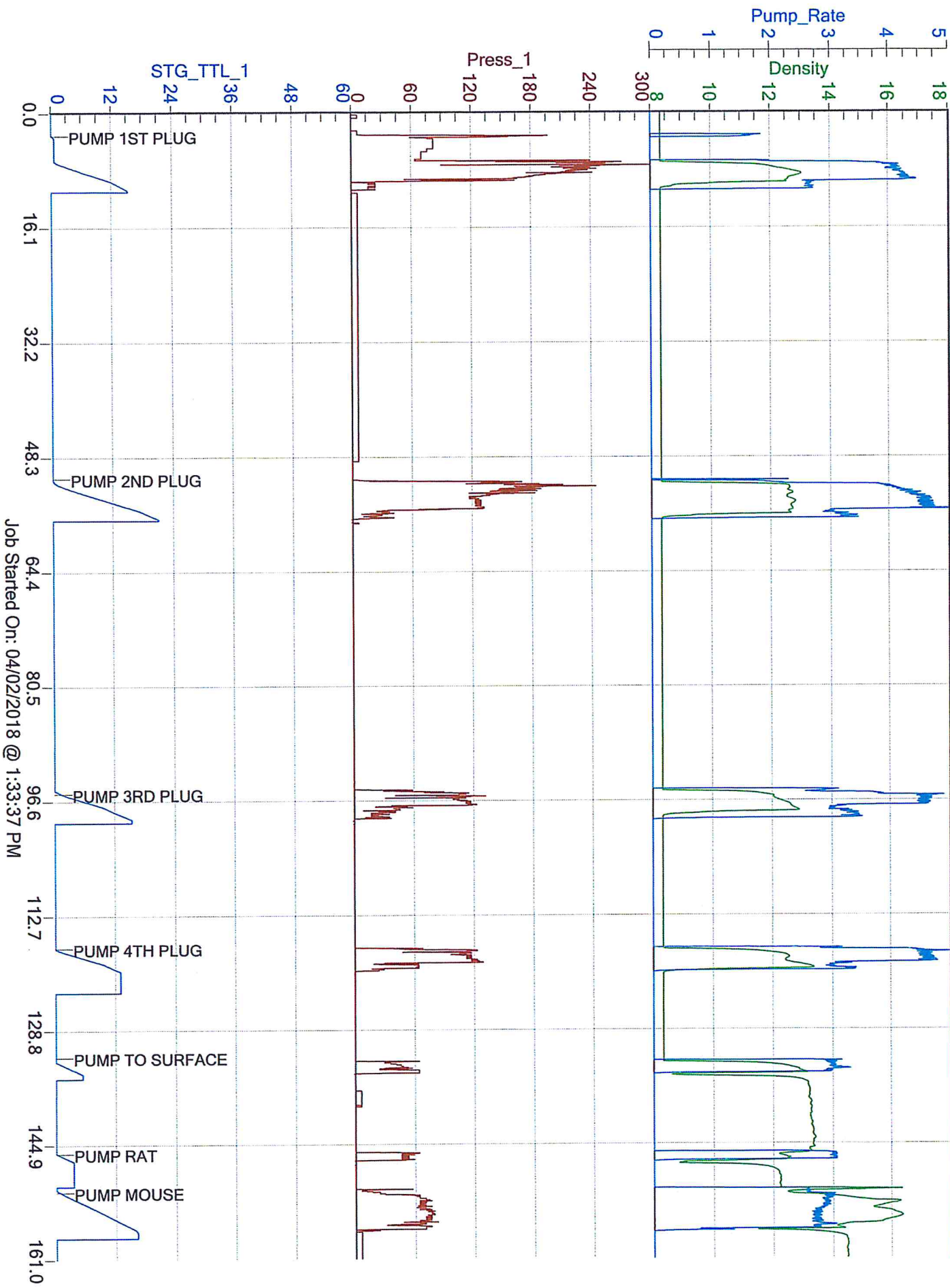
Type of Cmt	Sacks	Additives	Truck Loaded On		
60/40 POZ	300	4% Total Gel	14355-37724	Front	Back
			Santiago	Front	Back
				Front	Back

Lead/Tail:	Weight #1 Gal.	Cu/Ft/sk	Water Requirements	CU. FT.	Man Hours / Personnel
Lead:	13.5	1.5	7.5	450	TT Man Hours: 36
Tail:					# of Men on Job: 3

Time (am/pm)	(BPM)	Volume (BBLs)	Pumps		Pressure (PSI)		Description of Operation and Materials
			T	C	Tubing	Casing	
13:00							ON LOCATION
13:05							SAFETY MEETING
1:30 PM							RIG UP
1:45 PM		13.3 slurry					PUMP 1st PLUG
1:51 PM		33.2					DISPLACE W/ MUD
13:54							PULL DRILL PIPE
14:30		21.4 slurry					PUMP 2nd PLUG
2:37 PM		17.2					DISPLACE W/ MUD
14:40							PULL DRILL PIPE
15:15		13.3 slurry					PUMP 3rd PLUG
15:20		7.9					DISPLACE W/ MUD
15:21							PULL DRILL PIPE
15:38		13.3 slurry					PUMP 4TH PLUG
15:41		.8					DISPLACE W/ MUD
15:42							PULL DRILL PIPE
15:54		5.34 slurry					PUMP TO SURFACE
16:07							PUMP MOUSE
16:13							PUMP RAT
16:20							WASH TO PIT
							JOB COMPLETED
							THANK YOU

Size Hole	7 7/8"	2580'			First plug	2580'		
Drill Pipe	4 1/5" 16.6#	Depth		New / Used	Second	1600'	Fifth	60'
Sur		Depth			Third	800'	Depth	
Top Plugs		Type			Fourth	300'	CIBP	

Customer Signature: <i>Mike [Signature]</i>	Basic Representative:	Angel Echevarria
	Basic Signature:	<i>[Signature]</i>
	Date of Service:	4/2/2018



Job Started On: 04/02/2018 @ 1:33:37 PM