

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



Oil and Gas Corporation

Cement, Acid, or Tools
 Service Ticket
 Ticket # _____
 Date: 7/9/2018

CHARGE TO:

ADDRESS: 1690 155TH ST

CITY: FORT SCOTT STATE: ZIP: 66701

LEASE & WELL NO: EMMERSON FARMS 3-22

CONTRACTOR: Running Foxes

KIND OF JOB: CEMENT FILL UP - PLUG JOB

SEC. 22 TWP. 24 RNG. 25 EAST

API# 15-011-2315-00-00

Quantity	Material Used	Serv. Charge
25	PORTLAND CEMENT	
15	FRESH WATER	
	2 7/8 RUBBER LANDING PLUG	
1	CEMENT PUMP TRUCK	
1	80-VAC 18 miles	
1	BULK TRUCK	
1	PULLING UNIT 18 miles	
1	CREW TRUCK & PIPE TRAILER 18 miles	
	OTHER:	
	PUMP CHARGE	
	BULK CHARGE	
18	BULK TRK. MILES	
18	PUMP TRK MILES	
1	WATER TRK HRS	SALES TAX
	2,000# VALVE	TOTAL

T.D.	377	CSG SET AT	340'	VOLUME
SIZE HOLE	6.5"	Open Hole		VOLUME
MAX PRESS.		PIPE SIZE	2.375"	
PLUG DEPTH		PKER DEPTH		
		Cement Wt.		

REMARKS: MIRU. TIH W/ 2 3/8" TUBING TO WELL TD. TOH W/1 JOINT OF 2 3/8" TUBING.
 LATCH ONTO TUBING W/CEMENT PUMP AND PUMP CEMENT TO SURFACE. TOH
 W/15 JOINTS. LATCH ONTO TUBING AND BRING CEMENT TO SURFACE. TOH W/14
 JOINTS. LATCH ONTO TUBING AND PUMP CEMENT TO SURFACE. TOH W/LAST
 JOINT OF TUBING. TOP WELL OFF W/CEMENT. CLEAN EQUIPMENT. RDMO.

EQUIPMENT USED	
NAME:	UNIT NO.#
Pump Truck	
Pulling Unit	
Bulk Truck	

Tunesco Rep Signature

NAME:	UNIT #
Carl	
Jason, Mark	
Henry	

Owners Rep Signature