

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.

Table with 6 columns: Oil, Gas or Water Records (Formation, Content) and Casing Record (Surface, Conductor & Production) (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

WESTERN WELL SERVICE

Hays, KS 67601 • 785-622-1118

WORK TICKET

New Well

Old Well

Rig # 26

No 11113

Date 4-3-2018

Complete

Incomplete

Well # 1

Rng _____

State KS

Company John O'Farmer

Address _____

City / State _____

Job Type Pull Casing

Lease Holland Unit

Sec. _____ Twp. _____

Zip Code _____ County Russell

Position	Name	Hrs. Revenue	Travel	Non Revenue	Total Hrs Wkd
Operator	<u>Jose</u>	<u>10</u>	<u>2</u>		<u>12</u>
Derrick Hand	<u>Michael</u>	<u>10</u>	<u>2</u>		<u>12</u>
Floor Hand	<u>Derek</u>	<u>10</u>	<u>2</u>		<u>12</u>

JTS.	PULLED	WELL EQUIPMENT	JTS.	RAN
		RODS		
		RODS		
		PONY RODS		
		POLISHED RODS		
		PUMP / VALVES		
		TUBING		
		PUPS		
		SN / BBL		
		ANCHOR / PACKER		
		OTHER		

DESCRIPTION OF WORK BEING PERFORMED

Drove out to location. Ran casing swab down to tag fluid. Tagged @ 3000ft from surface. Started dumping sand and water down casing.

Dumped 55 BBLs of water behind sand. Let it set for an hour. Went in tagged sand @ 2750 ft from surface. Pulled casing out of slips. Measured stretch. Capped off casing. Shut down.

Swab Cups No. _____ Size _____ Type _____ Per Each _____

Swab Cups No. _____ Size _____ Type _____ Per Each _____

Misc. _____

Misc. _____

Company Representative _____

Date _____

WESTERN WELL SERVICE

Hays, KS 67601 • 785-622-1118

N6

WORK TICKET

New Well
 Old Well
 Rig # 26

No 11114

Date 4-4-2018

Complete
 Incomplete
 Well # 1
 Rng _____
 State KS

Company John O'Farmer
 Address _____
 City / State _____

Job Type Pull Casing
 Lease Holland Unit
 Sec. _____ Twp. _____
 Zip Code _____ County Russell

Position	Name	Hrs. Revenue	Travel	Non Revenue	Total Hrs Wkd
Operator	<u>Josue</u>	<u>10</u>	<u>2</u>		<u>12</u>
Derrick Hand	<u>Miguel</u>	<u>10</u>	<u>2</u>		<u>12</u>
Floor Hand	<u>Derek</u>	<u>10</u>	<u>2</u>		<u>12</u>

JTS.	PULLED	WELL EQUIPMENT	JTS.	RAN
		RODS		
		RODS		
		PONY RODS		
		POLISHED RODS		
		PUMP / VALVES		
		TUBING		
		PUPS		
		SN / BBL		
		ANCHOR / PACKER		
		OTHER		

DESCRIPTION OF WORK BEING PERFORMED

Drive out to location. Remeasured stretch on casing. Wireline, dumped cement on top of sand. Freed casing @ around 1475ft from surface. Pulled 5 jts of casing, then 8, then 9, 4, and finally 6 jts. Pumped cement in between. Topped of well w/ cement. Cleaned tools. Rigged down. Cleaned location. Took rig to Tool Tech's shop in Russell. Shut down.

Swab Cups No. _____ Size _____ Type _____ Per Each _____
 Swab Cups No. _____ Size _____ Type _____ Per Each _____
 Misc. 2 gal wash gas
 Misc. _____

Company Representative _____

Date _____

Summary of Changes

Lease Name and Number: HOLLAND UNIT B 1

API/Permit #: 15-167-23530-00-00

Doc ID: 1415774

Correction Number: 1

Field Name	Previous Value	New Value
Approved Date	05/25/2018	07/17/2018
CasingRecordPulled_1	0	
CasingRecordPulled_2	0	
Plugging Contractor's Phone Number	483-3144	483-3145
Plugging Description	1st Plug @ 1150' w/125	Casing freed around 1475' from surface - pulled 32 joints of

Summary of Attachments

Lease Name and Number: HOLLAND UNIT B 1

API: 15-167-23530-00-00

Doc ID: 1415774

Correction Number: 1

Attachment Name