

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

Customer Name Merit Energy Company
 Well Name McWilliams E-6
 Job Type Plug & Abandon - Plug

District Liberal
 Supervisor Erik Chavez
 Engineer Kevin Aldridge



Seq No.	Start Date/Time	Category	Event	Equipment	Event ID	Density (lb/keal)	Pump Rate (bpm)	Pump Vol (bbls)	Pipe Pressure (psi)	Comments
1	5:00	Mobilization	Arrive on Location	Cement Pump Truck	48					AAR Journey Management
2	5:10	Operational	Safety Meeting		53					Pre-Rig up Safety Meeting
3	5:20	Operational	Rig Up		50					Equipment
4		Operational	Prime Up			8.33				Fresh H2O
5	6:50	Operational	Pumping Cement				2	2	90	Rate/Volume/Pressure
6		Operational	Pumping Cement			13.8				Rate/Volume/Pressure
7	6:55	Operational	Pumping Cement				2	5	100	Rate/Volume/Pressure
8		Operational	Pumping Cement			13.8				Rate/Volume/Pressure
9	7:00	Operational	Pressure Test				2	5	100	Rate/Volume/Pressure
10		Operational	Pressure Test							Equipment
11	7:05	Operational	Pump Spacer						2500	Rate/Volume/Pressure
12		Operational	Pump Spacer							Fresh H2O
13	7:12	Operational	Pumping Cement				5	10	120	Rate/Volume/Pressure
14		Operational	Pumping Cement							Cmt 405 sbs @ 13.8 ppk
15	7:15	Operational	Pumping Cement				5.3	20	140	Rate/Volume/Pressure
16	7:19	Operational	Pumping Cement				5.3	40	120	Rate/Volume/Pressure
17	7:24	Operational	Pumping Cement				5.3	60	130	Rate/Volume/Pressure
18	7:29	Operational	Pumping Cement				5.3	80	150	Rate/Volume/Pressure
19	7:40	Operational	Pumping Cement				4.8	103.86	120	Rate/Volume/Pressure
20	7:45	Operational	Clean Pumps and Lines							Open Pit on Location
21	7:55	Operational	Safety Meeting							After Action Review
22	8:00	Standby	Other (See comment)							Wait on Top out Cmt
23										Top out Cmt
24	11:00	Operational	Safety Meeting							Operation
25	11:20	Operational	Prime Up							Fresh H2O
26	11:25	Operational	Pressure Test							Rate/Volume/Pressure
27		Operational	Pressure Test							Equipment
28	11:30	Operational	Pumping Cement							Rate/Volume/Pressure
29		Operational	Pumping Cement							Cmt 50 sbs @ 13.8 ppk
30	11:35	Operational	Clean Pumps and Lines				2	12.82	20	Rate/Volume/Pressure
31		Operational	Clean Pumps and Lines							Open Pit on Location
32	11:40	Operational	Safety Meeting							AAR / Rig down Safety Meeting
33	11:50	Operational	Rig Down							Rig down Equipment
34	12:00	Operational	Safety Meeting							AAR / Journey Management
35	13:00	Operational	Safety Meeting							AAR / Journey Management
36	13:30	Mobilization	Leave Location							
37										
38										
39										
40										
41										
42										