

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



Job Log

Customer:	Ken White Exploration	Cement Pump No.:	38750 19842	Operator TRK No.:	34726	
Address:		Ticket #:	1718 15880 L	Bulk TRK No.:	19827 Rogelio	
City, State, Zip:		Job Type:	Z42 - Plug to Abandon			
Service District:	1718 - Liberal, Ks	Well Type:	OIL			
Well Name and No.:	Powers-Barlow Unit #1	Well Location:		County:		State:

Type of Cmt	Sacks	Additives	Truck Loaded On		
60/40 POZ	170	4% Total Gel, 1/4# Poly Flake	19827 Rogelio	Front	Back
60/40	50	4% gel , 1/4# poly		Front	Back
				Front	Back

Lead/Tail:	Weight #1 Gal.	Cu/Ft/sk	Water Requirements	CU. FT.	Man Hours / Personnel	
Lead:				170	Man Hours:	33
Tail:	13.5	1.51	7.5	75.5	# of Men on Job:	3

[illegible]

Size Hole		Depth			TYPE	SWG		
Size & Wt. Csg.	8 5/8" 24#	Depth	1772'	New / Used	Packer		Depth	
Drill Pipe	4.5" 16.6#	Depth	1800'		Retainer		Depth	
2nd Plug	1020'	3rd Plug	60'	Surface	Perfs		CIBP	

Customer Signature: <i>Juan Inoa</i>	Basic Representative:	Angel Echevarria
	Basic Signature:	<i>[Signature]</i>
	Date of Service:	9/7/2018