

CORRECTION #1

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

Notice: Fill out COMPLETELY  
and return to Conservation Division at  
the address below within  
60 days from plugging date.

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

## Summary of Changes

Lease Name and Number: ULRICH A 1

API/Permit #: 15-167-24078-00-00

Doc ID: 1434040

Correction Number: 1

Field Name	Previous Value	New Value
Approved Date	01/03/2019	01/18/2019
Plugging Contractor's Address 1	PO BOX 763	719 WITT AVE
Plugging Contractor's City	HAYS	RUSSELL
Plugging Contractor's License Number	31548	33905
Plugging Contractor's Name	Discovery Drilling	Royal Drilling Inc
Plugging Contractor's Phone	623-2920	483-6446
Plugging Contractor's Zip	67601	67665
Plugging Contractor's Zip Plus 4	0763	0342
Plugging Proposal Approval Date	10/09/2018	
SaveLink	../../kcc/detail/operatorEditDetail.cfm?docID=1431499	../../kcc/detail/operatorEditDetail.cfm?docID=1434040