

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



Cement Well Top Off
 Service Ticket
 Ticket # _____
 Date: 1/16/2019

CHARGE TO:

ADDRESS: 1690 155th St
 LEASE & WELL NO.: SNYDER 1-24A-4
 KIND OF JOB: CEMNT FILL UP - PLUG JOB
 API# 15-011-24428

CITY Ft Scott STATE Ks ZIP 66701
 CONTRACTOR Running Foxes
 SEC. 24 TWP. 23S RNG. 23E

Quantity	Material Used	Serv. Charge
6 sacks	PORTLAND CEMENT	
16 36bbls	FRESH WATER	
N/A	2 7/8 RUBBER LANDING PLUG	
.5 hrs	Bulk truck	
.5 hrs	Crew Truck & trailer	
.5 hrs	Pulling Unit	
.5 HRS	PUMP CHARGE	
	BULK CHARGE	
	BULK TRK. MILES	
	PUMP TRK MILES	
	WATER TRK HRS	
	2,000# VALVE	
		SALES TAX
		TOTAL

T.D. 180' CSG SET AT 141' VOLUME _____
 SIZE HOLE 6.75 Open Hole X VOLUME _____
 MAX PRESS. _____ PIPE SIZE _____
 PLUG DEPTH _____ PKER DEPTH _____
 Cement Wt. _____

REMARKS: RAN IN 1" PIPE AND TAGGED TD at 180'. WASHED ON WELL TO CONFIRM IT
WAS. PUMPED 16# PORTLAND CEMENT TO SURFACE. REMOVED HALF OF THE 1"
TUBING AND PUMPED CEMENT TO SURFACE AGAIN.
REMOVED 1" STRING AND TOPPED OFF WELL.

EQUIPMENT USED

NAME:	UNIT NO.#	NAME:	UNIT #
MATT ROBERTS	Pump Truck		
JEFF OGDEN	Pulling Unit		
MATT ROBERTS	Bulk Truck		

Tunesco Rep Signature _____ Owners Rep Signature _____