

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

Api # 15-059-25412-00-00

Town Oilfield Service

PO Box 339 Louisburg, KS 66053
913-294-2125

Ticket # _____
Location _____
Foreman _____

Field Ticket & Treatment Report Cement

Date	Customer#	Well Name & Number	Section	Township	Range	County
4-18-19		Liditay # I-24				
Customer	L & L	Mailing Address				
			City	State	Zip Code	

Job Type Plug Hole Size 2 3/8 Hole Depth 725 Casing Size & Weight 2 3/8

Casing Depth _____ Drill Pipe _____ Tubing _____ Other _____

Displacement _____ Displacement PSI _____ Mix PSI _____ Rate _____

Remarks Bar 1" to 725 Foot + pumped Class A cement to top of well, pulled 1" out, topped off well & squeezed with cement.

Quantity or Units	Description of Service or Product	Unit Price	Total
	Pump Charge		250
	Cement Truck		150
	Water Truck		150
25 sacs	Cement	15	375
	Gel		
	Plug		
2 hrs	Pulling Unit	125	250
Estimated Total:			1175

Authorization _____

Title _____

Date

4-18-19

Summary of Changes

Lease Name and Number: LIDIKAY I-24

API/Permit #: 15-059-25412-00-00

Doc ID: 1458676

Correction Number: 1

Field Name	Previous Value	New Value
Approved Date	04/22/2019	04/29/2019
CasingRecordSetting_2	753	725
CasingRecordSize_2	2.8750	2.3750
SaveLink	../../kcc/detail/operatorEditDetail.cfm?docID=1458098	../../kcc/detail/operatorEditDetail.cfm?docID=1458676

Summary of Attachments

Lease Name and Number: LIDIKAY I-24

API: 15-059-25412-00-00

Doc ID: 1458676

Correction Number: 1

Attachment Name

cement ticket