

CORRECTION #1

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

Form CP-4

March 2009

Type or Print on this Form

Form must be Signed

All blanks must be Filled

WELL PLUGGING RECORD
K.A.R. 82-3-117

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.
 _____ 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

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		Lidley 13				
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 Run 1" to bottom & pump class A cement to top, pulled 1" & topped off the squeeze

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 out	125	250
Estimated Total:			1175

Authorization _____

Title _____

Date

4-18-19

Summary of Changes

Lease Name and Number: LIDIKAY 13

API/Permit #: 15-059-19582-00-00

Doc ID: 1458688

Correction Number: 1

Field Name	Previous Value	New Value
Approved Date	04/22/2019	04/29/2019
SaveLink	../../kcc/detail/operatorEditDetail.cfm?docID=1458099	../../kcc/detail/operatorEditDetail.cfm?docID=1458688

Summary of Attachments

Lease Name and Number: LIDIKAY 13

API: 15-059-19582-00-00

Doc ID: 1458688

Correction Number: 1

Attachment Name

cement ticket