

**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

TO:  
STATE CORPORATION COMMISSION  
CONSERVATION DIVISION - PLUGGING  
266 N. Main St., Ste. 220  
Wichita, KS 67202-1513

API Well Number: 15-185-01229-00-00  
Spot: NESWNW Sec/Twnshp/Rge: 3-22S-12W  
3641 feet from S Section Line, 4348 feet from E Section Line  
Lease Name: SIEFKES B Well #: 10  
County: STAFFORD Total Vertical Depth: 3626 feet

Operator License No.: 6039  
Op Name: L. D. DRILLING, INC.  
Address: 7 SW 26TH AVE  
GREAT BEND, KS 67530

String	Size	Depth (ft)	Pulled (ft)	Comments
PROD	6	3618	0	WITH 150 SX CMT
SURF	8.625	647		WITH 450 SX CMT

Well Type: OIL UIC Docket No: \_\_\_\_\_ Date/Time to Plug: 12/19/2001 11:15 AM  
Plug Co. License No.: 31529 Plug Co. Name: MIKE'S TESTING & SALVAGE, INC.  
Proposal Rcvd. from: MIKE KELSO Company: MIKE'S TESTING & SALVAGE, INC. Phone: (620) 938-2943

Proposed Plugging Method: PUMP 400# HULLS-50 SX CMT-18 SX GEL-150 SX CMT DOWN 6". PRESSURE CHECK. PUMP 75 SX CMT DOWN BACKSIDE. PRESSURE CHECK.

Plugging Proposal Received By: RICHARD LACEY Witness Type: COMPLETE (100%)  
Date/Time Plugging Completed: 12/19/2001 1:10 PM KCC Agent: RICHARD LACEY

Actual Plugging Report:

PUMPED 400# HULLS-50 SX CMT-14 SX GEL-175 SX CMT DOWN 6" CASNG.  
MAXIMUM PRESSURE 500#. SHUT IN AT 150#. PUMPED 75 SX CMT DOWN 8 5/8" X  
6" ANNULUS. MAXIMUM PRESSURE 500#. SHUT IN AT 400#.

Perfs:

Top	Bot	Thru	Comments
3618	3626	OH	

Remarks: USED 60/40 POZMIX 4% GEL BY ALLIED.

Plugged through: CSG

District: 01

Signed

*Richard Lacey by M. Penning*  
(TECHNICIAN)

RECEIVED  
APR 30 2019  
KCC DODGE CITY