

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

W & W Production Company

1150 Highway 39
Chanute, Kansas 66720-5215
Mobile: 620-431-5970
Phone: Office/Home 620-431-4137

Invoice

DATE	INVOICE NO.
7/30/2019	48766

BILL TO
Colt Energy PO Box 388 1112 Rhode Island Rd. Iola, Kansas 66749

API# 19253 Well 4 Labette County, Kansas
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SERVICED	ITEM	DESCRIPTION	QTY	RATE	AMOUNT
7/18/2019	Pulling Rig	Pulling Rig-Ran 1" to 750' inside 4.5. Wash down backside from 20' to 250'.	4	75.00	300.00T
	Vacuum truck	Haul water	2	75.00	150.00T
7/25/2019	Pulling Rig	Pulling Rig-Hook up to 1" inside 4.5. Pump 1 sack of Gel & Pump 26 sacks Portland Cement at 750'. Pull up to 400' & Pump 7 sacks Portland Cement. Pull up to 250' & Pump 26 sacks Portland Cement to Surface. Pull out 1". Hook up outside & Pump 78 sacks Portland Cement to Surface & Pull out 1".	4	75.00	300.00T
7/25/2019	Pump Truck	Pump Charge	1	1,000.00	1,000.00T
	Cement	For plugging (NO CHARGE FOR CEMENT)	130	0.00	0.00T
	Vacuum truck	Haul water	4	75.00	300.00T
Sales Tax (7.75%)					\$158.88
Total					\$2,208.88

Fax #	Fed. I.D. 48-0843238
620-431-3183	carolwimsett4@yahoo.com