

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



Please note our new email address.



PRESSURE PUMPING LLC
PO Box 884, Chanute, KS 66720
820-431-4210 or 800-487-8678

TICKET NUMBER 53807
LOCATION Ottawa KS
FOREMAN Fred Madar

FIELD TICKET & TREATMENT REPORT
CEMENT

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY	
6-9-17	71104	Coona #16	NW 32	15	21	FR	
CUSTOMER J B M OIL LLC			TRUCK # DRIVER TRUCK # DRIVER				
MAILING ADDRESS 2 SW Hillside Rd			712 Fred Madar				
CITY STATE ZIP CODE Ottawa KS 66067			495 MacAfee				
			369 Mike Han				
			456 Mike Far				
JOB TYPE	PLUG	HOLE SIZE	6 7/8"	HOLE DEPTH	680'	CASING SIZE & WEIGHT	2"
CASING DEPTH	0'	DRILL PIPE	3/4" - 1"	TUBING to		OTHER	
SLURRY WEIGHT		SLURRY VOL		WATER gal/wh		CEMENT LEFT in CASING	EXH
DISPLACEMENT	N/A	DISPLACEMENT PSI		MIX PSI		RATE	1 BPM
REMARKS: Hold safety meeting. Rig run 200' 3/4 Tubing on bottom of 500' 1" Tubing. Fill to surface w/ Cement. Pull all tubing. Top off well w/ Cement. Wash out tubing.							

Fred Madar

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
CE0450	1	PUMP CHARGE Plug to abandon	490	1,500.00
CE0002	20 mi	MILEAGE	495	1430.00
CE0711	Minimum	Ten Miles Delivery	545	660.00
WE0853	2 hrs	80 Gall Vac Truck	369	800.00
		Sub Total		2590.00
		less 48%		-1201.92
				1308.08
CC5840	21 SKs	Am Blend 3A Cement		282.00
CC5965	106 gal	Anticrete Gel		31.50
		Sub Total		313.50
		less 48%		-151.37
				162.13
				13.13
				147.26
				2842.50

I acknowledge that the payment terms, unless specifically amended in writing on the front of the form or in the customer's account records, at our office, and conditions of service on the back of this form are in effect for services identified on this form

