

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

Customer L.D. Drly Inc	Lease No.	Date	
Lease Arlic	Well # 3	7	
Field Order # 16962	Station 1718	Casing 5 1/2	Depth
Type Job PTA o/w	Formation	County Comanche	State ks

PIPE DATA		PERFORATING DATA		FLUID USED		TREATMENT RESUME		
Casing Size	Tubing Size	Shots/Ft		Acid	RATE	PRESS	ISIP	
5 1/2				120ski				
Depth 1050	Depth	From	To	Pre Pad 60-40 por	Max	500	5 Min.	
Volume 20	Volume	From	To	Pad 420 Gel	Min		10 Min.	
Max Press 500	Max Press	From	To	Frac 1.43 #3 13.7 ppg	Avg		15 Min.	
Well Connection	Annulus Vol.	From	To		HHP Used		Annulus Pressure	
Plug Depth	Packer Depth	From	To	Flush	Gas Volume		Total Load	

Customer Representative	Station Manager J Westerman	Treater D Scott
Service Units Vap 27463 70959 19860		
Driver Names Scott Balking W Brown		

Time	Casing Pressure	Tubing Pressure	Bbls. Pumped	Rate	Service Log
0800					Called Out
1100					On Loc w/ Trks
1425	100		20	5	1st Plug @ 1050' 50ski Cmt Pump 10ski Gel
1429	150		22	5	H2O Spacer Good Circ
1434	200		12.7	5	Mix + Pump 50ski @ 13.7 ppg
1439	200		20	5	Balance + Disp Cement
					2nd Plug @ 650' 50ski Cmt
1452	100		10	5	Est Good Circ
1454	100		12.7	5	Mix 50ski Cmt @ 13.7 ppg
1500	100		9	5	Balance + Disp Cmt Good Circ
					3rd Plug @ 40' 20ski Cmt
					Est Good Cir
1430	50		5.0	3	Mix 20ski Cmt @ 13.7 ppg to surface