

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

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

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

Speedy Well Service LLC

402 W. Elm
Sedan, KS 67361

Invoice

Date	Invoice #
9/20/2019	2396

Bill To

3D Oil
505 South Moore Ave
Dewey, OK 74029

Ship To

Same

P.O. Number	Terms	Rep	Ship	Via	F.O.B.	Project
	Due on receipt		9/20/2019			

Quantity	Item Code	Description	Price Each	Amount
60	CEMENT	Mccann #1 1290ft 10sacks, 800 ft 10 sacks, 550ft to surface 40 sacks, gel spacer, cut well off filled pit 19250 15-019-19250	0.00	0.00
65	CEMENT	Mccann #2A 2100ft put 10 sacks, 1290ft put 5 sacks, 800ft put 5 sacks, 550ft to surface put 45 sacks, gel spacer, cut well off and filled pit 26738 15-019-26738	0.00	0.00
95	CEMENT	Mccann #1A 1401ft 10sacks, 800ft 5 sacks, 550ft to surface 45 sacks, gel spacer, well fell back came in next day 320ft to surface 35 sacks, cut well off and filled pit 26737 15-019-26737	0.00	0.00
95	CEMENT	Mccann #4A 1391ft 10 sacks, 800ft 5 sacks, 550ft to surface 45 sacks, gel spacer fell back, 298ft to surface 35 sacks, cut well off and filled pit. 26965 15-019-26965	0.00	0.00
70	CEMENT	Mccann #3 1356ft 15 sacks, 800ft 5 sacks, 550ft to surface 50 sacks gel spacers 19249 15-019-19249	0.00	0.00
65	CEMENT	Mccann #2 1349ft 10 sacks, 800ft 5 sacks, 550ft to surface 50 sacks, gel spacers 19248 15-019-19248	0.00	0.00
65	CEMENT	Mccann #5A 1408ft 10 sacks, 800ft 5 sacks, 550ft to surface 50 sacks, gel spacers 26986 15-019-26986	0.00	0.00

Thank you for your business.

Total

USD 0.00