

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



CEMENT TREATMENT REPORT			
Customer: TDR Construction	Well: (North) Moldenhauer 19 & 15	Ticket: ICT2873	
City, State: Louisburg, KS	County: Franklin Co. / KS	Date: 12/4/2019	
Field Rep: Lance Town	S-T-R: SW 29-15-21	Service: P&A old wells	

Downhole Information	
Hole Size:	in
Hole Depth:	ft
Casing Size:	3 1/2 in
Casing Depth:	780 ft
Tubing / Liner:	in
Depth:	ft
Tool / Packer:	
Depth:	ft
Displacement:	bbls

Calculated Slurry	
Weight:	# / sx
Water / Sx:	gal / sx
Yield:	ft ³ / sx
Bbls / Ft.:	
Depth:	ft
Annular Volume:	0 bbls
Excess:	
Total Slurry:	0.00 bbls
Total Sacks:	#DIV/0! sx

Product	% / #	#
Class A	50.00	3290
Poz	50.00	2590
Gel	6.00	353
CaCl		
Gypsum		
Metso		
Kol Seal		
Flo Seal		
Salt (bww)		
Total		6,233

TIME	RATE	PSI	BBLs	REMARKS
12:00 PM				#19
				established circulation through 1" tubing at casing TD (780')
				mixed and pumped 25 sks 50/50 6% cement, cement to surface
				pulled 1" tubing from well
				topped well off w/ 5 sks cement
				hooked to casing and squeezed 5 sks cement into formation, shut in casing
				washed up equipment
				#15
				established circulaton through 1" tubing at casing TD (780')
				mixed and pumped 25 sks 50/50 6% cement, cement to surface
				pulled 1" tubing from well
				topped well off w/ 5 sks cement
				hooked to casing and squeezed 5 sks cement into formation, shut in casing
				washed up equipment

CREW	UNIT	SUMMARY			
Cementer:	Casey Kennedy	89	Average Rate	Average Pressure	Total Fluid
Pump Operator:	Harold Bechtle	239	#DIV/0! bpm	#DIV/0! psi	- bbls
Bulk #1:	Garrett Scott	246			
Bulk #2:	Keith Detwiler	124			