

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

TREATMENT REPORT

Acid Stage No. RT

Date: 10/26/19 District: Binger F. O. No. _____
 Company: Te Pa Oil & Gas
 Well Name & No.: Diana #1
 Location: _____ Field: _____
 County: McPherson State: KS

Type Treatment: Amt. _____ Type Fluid _____ Sand Size _____ Pounds of Sand _____
 Bkdown _____ Bbl./Gal. _____
 _____ Bbl./Gal. _____
 _____ Bbl./Gal. _____
 _____ Bbl./Gal. _____
 Flush _____ Bbl./Gal. _____
 Treated from _____ ft. to _____ ft. No. ft. _____
 from _____ ft. to _____ ft. No. ft. _____
 from _____ ft. to _____ ft. No. ft. _____

Casing: Size _____ Type & Wt. _____ Set at _____ ft.
 Formation: _____ Perf. _____ to _____
 Formation: _____ Perf. _____ to _____
 Formation: _____ Perf. _____ to _____
 Liner: Size _____ Type & Wt. _____ Top at _____ ft. Bottom at _____ ft.
 Cemented: Yes/No. Perforated from _____ ft. to _____ ft.
 Tubing: Size & Wt. _____ Swung at _____ ft.
 Perforated from _____ ft. to _____ ft.
 Open Hole Size _____ T.D. _____ ft. P.B. to _____ ft.

Actual Volume of Oil/Water to Load Hole: _____ Bbl./Gal.
 Pump Trucks No. Used: Std. 323 8p. _____ Twin _____
 Auxiliary Equipment Bulk 302
 Packer: _____ Set at _____ ft.
 Auxiliary Tools _____
 Plugging or Sealing Materials: Type 50 sack Class A Cem Both plug
145 sack 60-40-4⁰⁰ (Gal. Top plug) (lb. _____)

Company Representative _____ Treater: [Signature]

TIME a.m. / p.m.	PRESSURES		Total Fluid Pumped	REMARKS
	Tubing	Casing		
:				Tub @ 2815'
8:45				On 1000 psi ISA Run up to pump plugs - mix up 4 bags OC in 8 BBL's water
9:05			0	Start mix go down hole 6.4 sack Slurry Class A Cem
:			15 BBL	50 sack HOT plug any wash up Down hole
:			23 BBL	Displace cement to 2800' let fall rest way out
:				Pull tub out Run 3/4" to 250'
:				Start to hook up 3/4" tub collar broke off
:				& let pipe go down hole & Run had to go
:				get more 3/4" pipe & Run down surface
11:30			0	3/4" tub @ 250' Tie in - start mix go
:	600 #			down hole. 5.3 sack Slurry 3/4" REM @ 600'
12:20	700 #		31 BBL	105 sacks 60-40-4 ⁰⁰ Poz any in surface & start
:				full start lay down 3/4" tub & pulled pipe
:				through plug
:				Tie in 3/4" tub inside 5 1/2 @ 250'
:				Mix & go down hole: 30 sacks 60-40-4 ⁰⁰ Poz
:				Casey pull lay tub down & top of 10 sacks
:				Total on surface plug 145 sacks
:				Washup pack up & left location

Truck #: _____

1170

RATZLAFF BROTHERS



CONCRETE

WRAY RATZLAFF 620-245-1690	RATZBRO@YAHOO.COM 1220 27TH AVENUE CANTON, KS 67428	BEN RATZLAFF 620-245-8750
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Customer: T. EPE D.I.

Address: _____

Date: 12-26-98

Job Location: Dickr.

Total Miles Traveled: 1

Mix: 22 Sack Slurry

Mileage Charge: _____

Yds: 1.0

Price/yd: 268⁰⁰

Total: _____

Total Pour Time: /

Pour Time Overage: /

Overage Charge: _____

Subtotal: _____

Discount: _____

Tax: 8⁰⁰

Total: 289.44

P.D.: _____

Admix Product:	Total:
<u>/</u>	

We make deliveries inside curb line and on property at the customer's risk only, and accept no responsibility for damages. We will NOT be responsible for any quality issues on concrete exposed to de-icing chemicals. De-icing chemicals destroy concrete!

THANK YOU!

Signature: _____