

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 Drilling	Lease No.	Date 10/27/2019
Lease W9+E Mariach	Well # 4-10-1-14	
Field Order # 18363	Station Pratt, KS	Casing
Type Job 227/PJA	Formation	Legal Description 16-16s-30w
Depth	County Laire	State KS

PIPE DATA		PERFORATING DATA		FLUID USED	TREATMENT RESUME		
Casing Size	Tubing Size	Shots/Ft		Acid	RATE	PRESS	ISIP
4 1/2 Drill Pipe							
Depth 2190	Depth	From	To	Pre Pad	Max		5 Min.
Volume	Volume	From	To	Pad	Min		10 Min.
Max Press	Max Press	From	To	Frac	Avg		15 Min.
Well Connection	Annulus Vol.	From	To		HHP Used		Annulus Pressure
Plug Depth	Packer Depth	From	To	Flush Water, mud	Gas Volume		Total Load

Customer Representative Rick Wilson	Station Manager Justin Westerman	Treater Devin Franklin
Service Units 92911	78982	19843
Driver Names Devin	Brett	Brett
	Devin	Devin

Time	Casing Pressure	Tubing Pressure	Bbls. Pumped	Rate	Service Log
2:30pm					on location / safety meeting
					270 SK 60/40 P02+4% Gel
					13,78 pps, 1.43 vpd, 6.92 water
6:00pm	200		8	5	Pump 8 water 2190'
	200		13	5	mix 50 SK
	200		24	5	Displace 3 water & 21 mud
	200		8	5	Pump 8 water 1450'
	200		20	5	mix 80 SK
	200		35	5	Displace 3 water, 12 mud
	200		9	5	Pump 9 bbls water 700'
	200		13	5	mix 50 SK cement
	200		3	5	Displace 3 bbls water
	100		3	5	Pump 3 bbls water 330'
	100		10	5	mix 40 SK cement
	100		1	5	Displace 1 bbl water
	50		5	3	mix 20 SK cement 60'
	0		7	3	mix 30 SK cement RH
11:00pm					Job complete / Perm screen
					Thank you!!