

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: LD DRILLING	Well: DOWD 1-15	Ticket: ICT 3214
City, State: LANE CO. KS	County: LANE	2/7/2020
Field Rep: MIKE MATTAL	S-T-R: 15-18S-27W	Service:

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

Slurry	
Weight:	# / sx
Water / Sx:	gal / sx
Yield:	ft ³ / sx
Bbls / Ft.:	
Depth:	ft
Volume:	bbls
Excess:	%
Total Slurry:	bbls
Total Sacks:	275 sx

Cement Blend		
Product	%	#
Class A		
Gel		
CaCl		
Metso		
KolSeal		
PhenoSeal		
Salt		
Total		

TIME	RATE	PSI	BBLs	REMARKS	TIME	RATE	PSI	BBLs	REMARKS	Total
9:30 AM				ON LOCATION						
				SAFTEY MEETING						
11:22 AM		275.0	1.0	CEMENT ANNULUS						
11:30 AM		-	6.5	MIX 25 SKS 60/40 POZ						
11:32 AM			6.5	MIX 25 SKS 60/40 POZ W.						
				125 LBS COTTON SEED HULLS						
11:46 AM	4.5	-	55.0	PUMP 55 BBLs DISPLACEMENT						
11:58 AM			50.0	MIX 200 SKS 60/40 POZ						
12:10 PM				ON VAC						
12:12 PM				MIX 25 SKS 60/40 POZ						
12:15 PM				ON VAC						
12:20 PM				FLUID IS 17 SECONDS DOWN						
				WILL RETURN MONDAY TO TOP OFF						
				THANK YOU!						
				MIKE MATTAL						
				MIKE, BRIAN						

CREW		UNIT	SUMMARY		
Cementer:	Mattal	912	Average Rate	Average Pressure	Total Fluid
Pump Operator:	M. McGraw	264	4.5 bpm	91.67 psi	119.00 bbls
Bulk #1:	Whitfield	176-260			
Bulk #2:					

