

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



CEMENT TREATMENT REPORT

Customer: VESS OIL CORP.	Well: KRUEGER # 802	Ticket: ICT 3252
City, State:	County: ELLIS	Date: 2/14/2020
Field Rep: BRIAN	S-T-R: 1-11S-16W	Service: PTA

Downhole Information	
Hole Size:	5.5 in
Hole Depth:	ft
Casing Size:	5 1/2 in
Casing Depth:	ft
Tubing / Liner:	in
Depth:	3181 ft
Tool / Packer:	
Depth:	ft
Displacement:	bbls

Calculated Slurry	
Weight:	13.8 # / sx
Water / Sx:	6.92 gal / sx
Yield:	1.43 ft³ / sx
Bbls / Ft.:	0.00579
Depth:	ft
Annular Volume:	bbls
Excess:	
Total Slurry:	110.0 bbls
Total Sacks:	435 sx

Product	% / #	#
Class A	60.00	
Poz	40.00	
Gel	4.00	0
CaCl	-	
Gypsum		
Metso		
Kol Seal		
Flo Seal		
Salt (bww)		

TIME	RATE	PSI	BBLs	REMARKS	Total
9:00 AM				ON LOCATION - SAFETY MEETING	
9:45 AM				HOOK UP TO WELL	
10:00 AM				PUMP 10 BLL TO MAKE SURE ITS OPEN	
10:10 AM	4.0	50.0	44.5	MIX 175 SKS 60/40 POZ @ 13.8 PPG	
10:35 AM	4.0	-	6.5	H2O DISPLACEMENT	
10:45 AM	-	-	-	PULL TBG UP TO 1450'	
11:15 AM	3.0	-	37.0	MIX 60/40 POZ @ 13.8 PPG = 145 SKS NO CIRCULATION	
11:32 AM		-	-	PULL TBG UP TO 750'	
11:50 AM	3.0	-	19.0	MIX 60/40 POZ @ 13.8 PPG = 75 SKS NO CIRCULATION	
12:40 PM				WAIT 20 MINUTES	
1:00 AM	2.0		15.0	MIX 60/40 POZ @ 13.8 PPG = 30 SKS	
1:25 AM			2.0	TOP OFF = 5 SKS	
		300.0	2.0	PSI UP ON BACKSIDE= 5 SKS	
				JOB COMPLETE	
				THANKS	

CREW		UNIT	SUMMARY		
Cementer:	LESLEY	75	Average Rate	Average Pressure	Total Fluid
Pump Operator:	RILEY	266	2.66667 bpm	50 psi	126 bbls
Bulk #1:	MARTINEZ	176 -256			
Bulk #2:					