

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

EXPRESS WELL SERVICE & SUPPLY, INC.

Victoria, Kansas 67671

No. 4375

Company Ambercomms Date 3-24-20
 Lease Dicks Well # 115 Co. Radiant KANSAS

Directions _____

Job Description _____ Cause of Failure _____ No. of Rods or Joints Deep _____ Size and Type of Replacement (new) (used) _____

WELL RECORD

PULLED FROM WELL

RERAN IN WELL

Feet	Joints	Description	Condition	Equipment	Feet	Joints	Description
				Polish Rod			
				Liner			
				Rod Subs			
				Rods			
				Rods			
				Rods			
				Rods			
				Pump			
				Tubing Subs			
				Tubing			
				Tubing			
				Bbl. Seat N.			
				Packer or Tubing Anchor			
				Mud Anchor			
		Where Set Type Size					Where Set Type Size

Y N Paint _____ Gal x _____ = _____
 Y N Diesel _____ Gal x _____ = _____
 Thread Dope 60 lbs # 600 each = 136.00
 Y N Stuff Box Rub _____
 Y N Fishing Tool _____
 Y N Circ Head _____
 Circ Rubber New _____ Used 256 170.00
 Y N Packer (type) _____
 Y N Plug _____
 Y N Sand Pump _____
 Y N Swab Equip _____
 Y N Oil Saver Rub _____
 Y N Swab Cups _____

Unit	Hrs.	Per Hr.	Amount
<u>220 TIC #2</u>	<u>6.5</u>	<u>90.00</u>	<u>585.00</u>
Operator <u>Kanis</u>	<u>6.5</u>	<u>42.00</u>	<u>273.00</u>
Floorman <u>Ronnie</u>	<u>6.5</u>	<u>34.00</u>	<u>221.00</u>
Floorman <u>Allen</u>	<u>6.5</u>	<u>34.00</u>	<u>221.00</u>
EXTRA EQUIP			<u>136.00</u>
SALES TAX			<u>122.06</u>
TOTAL			<u>1558.06</u>

Bad	Replacements
# _____ jts _____ "	# _____ jts _____ "
# _____ rods _____ "	# _____ rods _____ "
Rod Boxes Replaced 3/4" _____	7/8" _____
	1" _____

Y N Testing tbg: Who tested: Devin

Items used from Express: Tubing 130.00

Items used from other suppliers: _____

Remarks: Left part of 400' oil 1' part of 1" to 200' location of replacement

Hope production remains stable 50% sweeper 33% production gas tubing out a report out

By: [Signature] Express Well Service & Supply, Inc. "Thank You" By: _____ Authorized Signature

EXPRESS WELL SERVICE & SUPPLY, INC.

Victoria, Kansas 67671

NO. 4372

Company Chambers

Date 3-28-20

Lease Dora Well # 145 Co. Russell KANSAS

Directions _____

Job Description _____ Cause of Failure _____ No. of Rods or Joints Deep _____ Size and Type of Replacement (new) (used)

PULLED FROM WELL

WELL RECORD

RERRAN IN WELL

Feet	Joints	Description	Condition	Equipment	Feet	Joints	Description
16	1	1 1/4"		Polish Rod			
7	1	1 1/2"		Liner			
2	1	2 x 7/8 O.P.		Rod Subs			
2082	181	3/4"		Rods			
250	10	1/2"		Rods			
12	1	2 x 1 1/2 x 12'		Rods			
6'	1	10' x 2 3/8"		Tubing Subs			
		103		Tubing			
				Tubing			
				Bbl. Seat N.			
				Packer or Tubing Anchor			
				Mud Anchor			

Y N Paint _____ Gal x _____ = _____
 Y N Diesel _____ # _____ each = _____
 Thread Dope _____ # _____ each = _____
 Y N Stuff Box Rub _____
 Y N Fishing Tool _____
 Y N Circ Head _____ \$92.00

Unit	Hrs.	Per Hr.	Amount
Operator <u>DD PIG 48</u>	3	40.00	450.00
Floorman <u>2 Rooms</u>	3	42.00	210.00
Floorman <u>2 Rooms</u>	3	34.00	170.00
Floorman <u>2 Rooms</u>	5	34.00	170.00
EXTRA EQUIP			93.00
SALES TAX			92.91
TOTAL			1185.91

Bad	Replacements
# _____ fts _____' # _____'	# _____ fts _____'
# _____ rods _____" # _____ rods _____"	# _____ rods _____"
Rod Boxes Replaced 3/4" _____ 7/8" _____ 1" _____	

Y N Testing tbg: Who tested: _____

Results: _____

Items used from Express: _____

Items used from other suppliers: 1000 ft pipe to 50'

Remarks: D-71 D-724 1000 ft pipe to 50'

200 30 011 w/ 4000 ft pipe one head, one con. with seal
picked up for 1st shift &

By: _____ Express Well Service & Supply, Inc. "Thank You" _____ Authorized Signature

