

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:	L D DRILLING INC	Well:	PRUITT 1-29	Ticket:	3881
City, State:		County:	PRATT K.S.	Date:	7/27/2020
Field Rep:	D SCOTT	S-T-R:	29-26S-11W	Service:	PTA

Downhole Information	
Hole Size:	7.875 in
Hole Depth:	2005 ft
Casing Size:	5 1/2 in
Casing Depth:	600 ft
Tubing / Liner:	in
Depth:	ft
Tool / Packer:	
Tool Depth:	ft
Displacement:	8.7 bbbls

Calculated Slurry - Lead	
Blend:	H PLUG
Weight:	13.7 ppg
Water / Sx:	gal / sx
Yield:	1.44 ft ³ / sx
Annular Bbls / Ft.:	bbs / ft.
Depth:	ft
Annular Volume:	0.0 bbbls
Excess:	
Total Slurry:	0.0 bbbls
Total Sacks:	125 sx

Calculated Slurry - Tail	
Blend:	
Weight:	ppg
Water / Sx:	gal / sx
Yield:	ft ³ / sx
Annular Bbls / Ft.:	bbs / ft.
Depth:	ft
Annular Volume:	0 bbbls
Excess:	
Total Slurry:	0.0 bbbls
Total Sacks:	#DIV/0! sx

TIME	RATE	PSI	BBLs	TOTAL BBLs	REMARKS
7:00 AM			-	-	CALLED OUT
9:30 AM				-	ON LOC W/TRUCKS SAFETY MEETING
				-	CIBP @4220 CUT CASING @ 2005 FT
				-	
				-	1ST PLUG @ 600 FT 10 SKS GEL AND 50 SKS CEMENT
12:05 PM	4.0	300.0	20.0		ST MIXING GEL
12:10 PM	4.0	300.0	12.8	12.8	ST MIXING CMT @ 13.7.PPG
12:14 PM	4.0	250.0	8.7	21.5	BALANCE AND DISP CEMENT
				21.5	
				21.5	2ND PLUG @ 300 FT 50 SKS CEMENT
12:25 PM	4.0	200.0	10.0	31.5	ESTABLISH GOOD CIRC W/ H2O
12:30 PM	4.0	200.0	12.8	44.3	MIX CEMENT @ 12.8 PPG
12:35 PM	4.0	200.0	1.5	45.8	BALANCE AND DISP CEMENT
				45.8	
				45.8	3 RD PLUG @ 40 FT 25 SKS
1:00 PM	2.0	100.0	6.4	52.2	MIX CEMENT @ 12.8 PPG
					CIRC CMT TO SURFACE
				-	
				-	PUMPED TOTAL 125 SKS HPLUG AND 10 SKS GEL.
				-	
				-	
				-	JOB COMPLETE THANK YOU SCOTTY AND CREW
				-	
				-	
				-	
				-	
				-	

CREW			UNIT		SUMMARY		
Cementer:	SCOTTY		VAP		Average Rate	Average Pressure	Total Fluid
Pump Operator:	M MCGRAW		267		3.7 bpm	221 psi	72 bbbls
Bulk #1:	D MARTINEZ		240				
Bulk #2:							