

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

Form	CP4 - Well Plugging Record
Operator	Glacier Petroleum Co., Inc.
Well Name	DAVIS A4
Doc ID	1497327

Producing Formations

Formation	Top	Bottom	Total Depth
Mississippi	2486		
Kinderhook	2786		
Hunton	2971		
Maquokata	3109		
Viola	3186		3208



Camp *Eureka*

Date	Cust. ID #	Lease & Well Number	Section	Township	Range	County	State
12-20-20	1377	G.H. Davis 'A' #4	33	13 S.	10 E.	Wabaunsee	KS
Customer Glacier Petroleum INC. WABKS Mailing Address P.O. Box 577 City Emporia			Safety Meeting	Unit #	Driver	Unit #	Driver
			DG	105	Jason		
			JH	113	Josh		
			JV	145	Steve		
			SM				
State		Zip Code					
KS		66801					

Remarks: Safety Meeting. Rig up to 2 3/8" Tubing. Plug well as follows: Circulate oil out of 7" casing w/ 130 Bbl fresh water.

25 SKS w/ Cables + Hulls @ 3186'
15 SKS @ 1911'
60 SKS @ 350' to Surface inside 7" Casing
70 SKS @ 230' to Surface outside 7" Casing through 1" Hydril
170 SKS Total

Note: Wash 1" Hydril down 7" annulus to solid T.D. @ 230'.

[illegible]

I agree to the payment terms and conditions of services provided on the back of this job ticket. Any amendments to payment terms must be in writing on the front of this job ticket or in the Customer's records at ELITE's office.