

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: L & P Enterprises	Well: Straley A 1	Ticket:	EP1236
City, State: Paola Ks.	County: Mi., Ks.	Date:	1/14/2021
Field Rep: Kevin Wiseman	S-T-R: NW 8-17-22	Service:	Plug

Downhole Information		Calculated Slurry - Lead		Calculated Slurry - Tail	
Hole Size:	in	Blend:		Blend:	
Hole Depth:	ft	Weight:	ppg	Weight:	ppg
Casing Size:	4 1/2 in	Water / Sx:	gal / sx	Water / Sx:	gal / sx
Casing Depth:	750 ft	Yield:	ft ³ / sx	Yield:	ft ³ / sx
Tubing / Liner:	in	Annular Bbls / Ft.:	bbs / ft.	Annular Bbls / Ft.:	bbs / ft.
Depth:	ft	Depth:	ft	Depth:	ft
Tool / Packer:		Annular Volume:	0.0 bbls	Annular Volume:	0 bbls
Tool Depth:	ft	Excess:		Excess:	
Displacement:	bbls	Total Slurry:	0.0 bbls	Total Slurry:	0.0 bbls
		Total Sacks:	#DIV/0! sx	Total Sacks:	#DIV/0! sx
STAGE		TOTAL			

CREW		UNIT	SUMMARY		
Cementer:	Alan Mader	90	Average Rate	Average Pressure	Total Fluid
Pump Operator:	Mark Foltz	238	#DIV/0! bpm	800 psi	- bbls
Bulk #1:	Casey Kennedy	110			
Bulk #2:	Pat Sanborn	246			



CEMENT TREATMENT REPORT

CEMENT TREATMENT REPORT					
Customer:	L & P Enterprises	Well:	Heeler W2, W3, W11, W10, W9, A-5	Ticket:	EP1237
City, State:	Paola Ks.	County:	Mi., Ks.	Date:	1/14/2021
Field Rep:	Kevin Wiseman	S-T-R:	NW 8-17-22	Service:	Plug

Downhole Information		Calculated Slurry - Lead		Calculated Slurry - Tail	
Hole Size:	in	Blend:		Blend:	
Hole Depth:	ft	Weight:	ppg	Weight:	ppg
Casing Size:	in	Water / Sx:	gal / sx	Water / Sx:	gal / sx
Casing Depth:	700-750 ft	Yield:	ft ³ / sx	Yield:	ft ³ / sx
Tubing / Liner:	in	Annular Bbls / Ft.:	bbs / ft.	Annular Bbls / Ft.:	bbs / ft.
Depth:	ft	Depth:	ft	Depth:	ft
Tool / Packer:		Annular Volume:	0.0 bbls	Annular Volume:	0 bbls
Tool Depth:	ft	Excess:		Excess:	
Displacement:	bbls	Total Slurry:	0.0 bbls	Total Slurry:	0.0 bbls
STAGE		TOTAL		Total Sacks: #DIV/0! sx	

CREW		UNIT	SUMMARY		
Cementer:	Alan Mader	90		Average Rate	Average Pressure
Pump Operator:	Mark Foltz	238		#DIV/0! bpm	745 psi
Bulk #1:	Casey Kennedy	110		-	bbls
Bulk #2:	Pat Sanborn	246			