

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



TREATMENT REPORT

Acid Stage No. _____

Date 11/23/2021 District GB F.O. No. C60455

Company SMITH OIL

Well Name & No. MEITNER A-4

Location _____ Field _____

County BARTON State KS

Casing: Size 5 1/2 Type & Wt. _____ Set at _____ ft.

Formation: _____ Perf. _____ to _____

Formation: _____ Perf. _____ to _____

Formation: _____ Perf. _____ to _____

Liner: Size _____ Type & Wt. _____ Top at _____ ft. Bottom at _____ ft.

Cemented: Yes No Perforated from _____ ft. to _____ ft.

Tubing: Size & Wt. _____ Swung at _____ ft.

Perforated from _____ ft. to _____ ft.

Open Hole Size _____ T.D. _____ ft. P.B. to _____ ft.

Type Treatment: _____ Amt. _____ Type Fluid _____ Sand Size _____ Pounds of Sand _____

Bkdown _____ Bbl./Gal. _____

_____ Bbl./Gal. _____

_____ Bbl./Gal. _____

_____ Bbl./Gal. _____

Flush _____ Bbl./Gal. _____

Treated from _____ ft. to _____ ft. No. ft. 0

from _____ ft. to _____ ft. No. ft. 0

from _____ ft. to _____ ft. No. ft. 0

Actual Volume of Oil / Water to Load Hole: _____ Bbl./Gal.

Pump Trucks. No. Used: Std. 320 Sp. _____ Twin _____

Auxiliary Equipment 360-308T

Personnel GREG JOE CLARENCE

Auxiliary Tools _____

Plugging or Sealing Materials: Type _____

_____ Gals. _____ lb.

Company Representative MIKE KELSO Treater GREG C.

TIME	PRESSURES		Total Fluid Pumped	REMARKS
	Tubing	Casing		
8:00				ON LOCATION 11/19/2021
				PUMP 125 SKS 60/40 4% GEL WITH 300# HULLS @ 2600'
				PUMP 75 SKS @ 1450'
				<i>PUMPED 175 SACKS @ 725'</i> CIRCULATE CEMENT FROM 725' WITH 200# HULLS, NEVER GOT CIRC.
1:00				SHUT DOWN FOR THE DAY
8:15				ON LOCATION 11/23/2021
				PUMP 55 BBLS H2O WITH 500# HULLS @ 1400'
				WAIT 10 MINUTES AND PUMP 100 SKS COMMON 3% CC @ 1400'.
				WAIT TO TAG. TAGGED CEMENT @ 1250'
				PUMP 100 SKS COMMON 3% CC @ 1100'. WAIT TO TAG CEMENT
				TAGGED CEMENT @ 650'.
				CIRCULATE CEMENT FROM 600'. TOOK 100 SKS FOR THE CASING. TIED ON
				TO THE SURFACE PIPE. TOOK 50 SKS TO PRESSURE UP TO 150#.
				TOP OFF WITH 15 SKS.
3:45				JOB COMPLETE
				THANK YOU!!!