

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

Mike's Testing & Salvage Inc.

DBA Kelso Well Service
 P.O. Box 467
 Chase, KS 67524

Invoice

Date	Invoice #
10/21/2021	17969

Bill To
Oil Partners LLC P.O. Box 1851 Salina, Kansas 67402-1851

P.O. No.	County	Lease
Teo - Rig #11	Saline	Woodhouse 1-5

Qty	Description	Rate	Amount
21	Hours Rig Time	240.00	5,040.00T
	Casing Cutter	400.00	400.00T
5	Sacks Cement	18.50	92.50T
	Sand	60.00	60.00T
	10-13-21 Set in on location, rigged up, laid down rods, pump and 50 jts. 2-7/8" tubing. Shut down. 5 Hours		
	10-14-21 Drove to location, finished laying down tubing. Sanded off bottom to 3170', dumped 5 sacks cement with bailer. Backhoe dug cellar and pit, moved pumping unit off. Rigged up casing jacks, cut casing @1500', not loose, shut down. 10 Hours		
	10-15-21 Drove to location, cut casing loose @1025', pulled up to 480', pumped 220 sacks 60/40 pos, 4% gel and circulated to surface. Laid casing down, tore down rig. Plugging Complete.		
	KCC On Location: Keith Sales Tax	7.50%	419.44
<i>✓ #1093</i>			
Total			\$6,011.94