

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



785-953-0222

TICKET NUMBER 1489 K-C
 LOCATION Hugoton Ks
 FOREMAN Walt Dinkel
Jason Armstrong

**FIELD TICKET & TREATMENT REPORT
 CEMENT**

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
3-28-22		Kriss Unit #1-8	8	83	35-W	Thomas
CUSTOMER			Leandt			
MAILING ADDRESS			2 West			
CITY			W.S			
STATE			103			
ZIP CODE			203-850			
			801-850			
			DRIVER			
			Cory D			
			Darius			
			Chris R			

JOB TYPE <u>OHP</u>	HOLE SIZE <u>7 1/8</u>	HOLE DEPTH <u>4890'</u>	CASING SIZE & WEIGHT <u>5 1/2"</u>
CASING DEPTH <u>4877'</u>	DRILL PIPE	TUBING <u>2 3/8-2900'</u>	OTHER
SLURRY WEIGHT <u>13.5</u>	SLURRY VOL	WATER gal/sk	CEMENT LEFT in CASING
DISPLACEMENT	DISPLACEMENT PSI	MIX PSI	RATE

REMARKS: Safety Meeting, Rig up Equipment
Run Tubing to 2900', mix 300# Gel, 50 sks Cement w/ 200# Halls, Displace 8 BBL
Pull up to 1990', mix 50 sks cement w/ 200# Halls, Displace 4 BBL H₂O
Pull Tubing out and shoot off casing @ 1285', Pull casing part of Hole.
2nd Day run Tubing to 330', mixed 115 sks Cement, Circ to surface
Top OFF W 5- sks Cement

*Thank You
 Walt + Crew*

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
	1	PUMP CHARGE	950.00	950.00
	40	MILEAGE	7.15	286.00
	9.46	Ton Mileage Delivery	1.75	662.70
	220 - sks	Lite Weight Blend V	16.00	3,520.00
	400 #	Halls	.70	280.00
	300 #	Gel	.50	150.00
	1	2nd Day Pump Charge		950.00
				6,798.20
		Less 25% Disc		1,699.55
				5,098.65
			SALES TAX	
			ESTIMATED TOTAL	

AUTHORIZATION Rick Smith TITLE _____ DATE _____

I acknowledge that the payments terms, unless specifically amended in writing on the front of the form or in the customer's account records, at our office, and conditions of service on the back of this form are in effect for services identified on this form.