

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

Derek Rheeder
 4990 Wisconsin Rd
 Bronson KS 66716

950288

TO James Petr.
 Address _____
 City _____ State _____
 Ship To _____

DATE _____
 CUSTOMER'S ORDER NO. _____
 SHIP _____
 VIA _____
 SALESMAN _____

CASH	CHARGE	C. O. D.	PAID OUT	RETURNED MDSE.	RECEIVED ON ACCOUNT
QUANTITY	DATE	DESCRIPTION	PRICE	AMOUNT	
1D2	3-15-22	API 15207-24907 Funk mixed + pump 25 bbls gel into well pumped 60 sacks at 1425' pulled to 500' pumped 24 sacks pulled to 300' pumped 75 sacks never seen cement have gel back in few days touch bottom fill back up			
1H		Arthur API 15207-24907			
3/15		Ran 1" to 1650 emulated well to surface with 10 bbls gel allowed well up ready for pluging			\$ 2700 ⁰⁰
	3-16-22				
1H		Arthur Brake 10 sacks mixed pumped at 1600' pulled to 800' Brake 10 sacks pumped down out to 300' Brake 10 sacks pumped to surface pulled out topped well off 1 sack			
S17		McClasky - API 15207-24925 - ARCO Ran in 1650' 1" pumped 25 bbls gel			\$ 2400 ⁰⁰
	3-17-22				
1D2		Funk Ran 300' 1" in well about 1/2 cement			
3/17		McClasky Pumped 20 sacks at 1650' pulled to 325 pumped 20 sacks pulled to 300 pumped 40 sacks well has cement at surface			
1D2		Funk Ran in 235' 1" w/ cement emulated 18 bbls gel to surface			2100 ⁰⁰
		Arthur Cement 1H - 3-16-22			425

ALL Claims and Returned Goods MUST Be Accompanied By This Bill

SIGNATURE _____

Total \$ 7625⁰⁰

