

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: Bruce Oil Company LLC	Well: Tague #2	Ticket: EP10908
City, State: 1704 Limestone Rd Mcpherson, Ks	County: Butler, Ks	Date: 10/12/2023
Field Rep: Levi	S-T-R: 13 26S 3E	Service: P.T.A.

Hole Size:	in
Hole Depth:	ft
Casing Size:	5 1/2 in
Casing Depth:	ft
Tubing / Liner:	2 7/8 in
Depth:	ft
Tool / Packer:	
Tool Depth:	ft
Displacement:	bbls

Blend:	Class A Cement
Weight:	14.8 ppg
Water / Sx:	6.5 gal / sx
Yield:	1.35 ft ³ / sx
Annular Bbls / Ft.:	bbls / ft.
Depth:	ft
Annular Volume:	bbls
Excess:	
Total Slurry:	9.5 bbls
Total Sacks:	40 sx

Blend:	
Weight:	ppg
Water / Sx:	gal / sx
Yield:	ft ³ / sx
Annular Bbls / Ft.:	bbls / ft.
Depth:	ft
Annular Volume:	0 bbls
Excess:	
Total Slurry:	0.0 bbls
Total Sacks:	0 sx

TIME	RATE	PSI	BBLs	TOTAL BBLs	REMARKS
			-	-	Safety Meeting:
				-	Rig up to 2 7/8' tubing
				-	Circulate cement to surface from 250' on ID of 5 1/2 casing
				-	Pull tubing
				-	Top off casing w/ cement
				-	Top plug = 40sx Class A Cement w/ 2% gel
				-	Job Complete. Rig down
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	CREW	UNIT	SUMMARY		
			Average Rate	Average Pressure	Total Fluid
Cementer:	Steve M	1004	0.0 bpm	- psi	- bbls
Pump Operator:	Kevin M	1202			
Bulk #1:	Jacob M	1210			
Bulk #2:					