

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

Form CP-4
March 2009

Type or Print on this Form
Form must be Signed
All blanks must be Filled

WELL PLUGGING RECORD
K.A.R. 82-3-117

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



785-953-0222

TICKET NUMBER 2953 K-C
LOCATION Baraboo, Wis
FOREMAN Walt WhiteFIELD TICKET & TREATMENT REPORT
CEMENT

DATE <u>6-24-84</u>	CUSTOMER #	WELL NAME & NUMBER <u>Patton # 2-2</u>	SECTION <u>36</u>	TOWNSHIP <u>173</u>	RANGE <u>39W</u>	COUNTY <u>Scott</u>
CUSTOMER <u>Norx Oil & Gas</u>			TRUCK # <u>103</u>	DRIVER <u>Carl D</u>	TRUCK #	DRIVER
MAILING ADDRESS <u>PO Box 537</u>			<u>820-820</u>	<u>Carl D</u>		
CITY <u>Coddard</u>	STATE <u>Ks</u>	ZIP CODE <u>67052</u>				

JOB TYPE OHP HOLE SIZE 1 1/2" HOLE DEPTH 144' CASING SIZE & WEIGHT 4 3/4"
 CASING DEPTH 150-15' DRILL PIPE 1 1/2" TUBING 1 1/2" OTHER 1 1/2"
 SLURRY WEIGHT 150-15' SLURRY VOL 1163 WATER gal/sk 1163 CEMENT LEFT in CASING 1163
 DISPLACEMENT 1163 DISPLACEMENT PSI 1163 MIX PSI 1163 RATE 1163

REMARKS Safety Meeting, Rig up Equip, Load Hole 1, 500# 400, Pump
into 2 1/2" 3" 3" 3" 900#, mix 20 sks class A, 25 sks 25# Hulls
Displace 16 3/4" 400, 400 600# Pressure For 2 Hrs, 1000 1300, Top cement
2 900', 1000 400', Hookup to casing, establish cure, mixed 120 sks
Light Cement, Cure to surface

*Thank You
Walt White*

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
	1	PUMP CHARGE	9.50	9.50
	35	MILEAGE	7.12	250.20
	7.28	Tax Mileage Delivery	1.22	660.00
	45-sks	Class A	22.00	990.00
	120 sks	Light Weight Blast V	17.50	2,100.00
	25#	Hulls	1.00	25.00
	150 #	Calcium Chloride	1.00	150.00
				5,125.20
		Less 10% Disc		- 512.52
				4,612.68
			SALES TAX	
			ESTIMATED TOTAL	

AUTHORIZATION Kal [Signature] 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.