

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



785-953-0222

TICKET NUMBER 2965 K-C
LOCATION Carrollton City
FOREMAN Walt Dunkel

FIELD TICKET & TREATMENT REPORT CEMENT

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
7-22-24		Smith #7	26	193	33W	Scott
CUSTOMER			TRUCK #	DRIVER	TRUCK #	DRIVER
Novy Oil & Gas, Inc.			103	Cary D.		
MAILING ADDRESS			800-850	Lane N.		
CITY	STATE	ZIP CODE				

Shallow
water
1-W
N.S

JOB TYPE OHP HOLE SIZE 7 7/8 HOLE DEPTH _____ CASING SIZE & WEIGHT 5 1/2"
 CASING DEPTH _____ DRILL PIPE _____ TUBING 2 7/8 OTHER _____
 SLURRY WEIGHT 14.8, 135 SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING _____
 DISPLACEMENT _____ DISPLACEMENT PSI _____ MIX PSI _____ RATE _____

REMARKS: Safety Meeting, Rig up Equipment, Tubing @ 2200', mixed 35 sks class A
30% cc, wait 2 Hrs, Tag @ 2180' with sand line, Pull up to 1300', mix 35 sks Lite
Displace 2 BBH, Pull Tubing out of Hole, Perf @ 425', Hook up to 5 1/2" casing
establish circ, mixed 130 sks Lite cement circ to surface

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
	8.74	Tan mileage Delivery	1 ⁷⁵	660 ⁰⁰
	35 - sks	Class A	22 ⁵⁰	787 ⁵⁰
	165 - sks	Light weight Blend X	18 ⁰⁰	2,970 ⁰⁰
	100 sks	Calcium Chloride	1 ⁰⁰	100 ⁰⁰
				5,753 ⁵⁰
		Less 10% Disc		- 575 ³⁵
				5,178 ¹⁵

AUTHORIZATION [Signature] TITLE _____ SALES TAX _____
 ESTIMATED TOTAL _____ DATE _____
 I acknowledge that the payments terms, unless specifically amended in writing on the front of this report, are as shown on the back of this report, at our office, and conditions of service on the back of this report.