

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



TREATMENT REPORT

Acid Stage No. _____

Date 12/19/2024 District GB F.O. No. C-61171
Company NOVY OIL AND GAS
Well Name & No. STRAIGHTMAN #1
Location _____ Field _____
County RENO State KS

Type Treatment: Amt. Type Fluid Sand Size Pounds of Sand
Bkdown _____ Bbl./Gal. _____
_____ Bbl./Gal. _____
_____ Bbl./Gal. _____
_____ Bbl./Gal. _____
Flush _____ Bbl./Gal. _____

Casing: Size 5 1/2 Type & Wt. _____ Set at _____ ft.
Formation: _____ Perf. _____ to _____
Formation: _____ Perf. _____ to _____
Formation: _____ Perf. _____ to _____
Liner: Size _____ Type & Wt. _____ Top at _____ ft. Bottom at _____ ft.
Cemented: Yes ▼ Perforated from _____ ft. to _____ ft.
Tubing: Size & Wt. _____ Swung at _____ ft.
Perforated from _____ ft. to _____ ft.

Treated from _____ ft. to _____ ft. No. ft. 0
from _____ ft. to _____ ft. No. ft. 0
from _____ ft. to _____ ft. No. ft. 0

Actual Volume of Oil / Water to Load Hole: _____ 8bl./Gal.

Pump Trucks. No. Used: Std. 365 Sp. _____ Twin _____
Auxiliary Equipment 327
Personnel COMMON
Auxiliary Tools _____

Plugging or Sealing Materials: Type _____ Gals. _____ lb.

Open Hole Size _____ T.D. _____ ft. P.B. to _____ ft.

Company Representative KIRK GLENN Treater GREG CURTIS

TIME	PRESSURES		Total Fluid Pumped	
	Tubing	Casing		
a.m./p.m.				
8:30				ON LOCATION
				PUMP 50 SKS COMMON 3% CC @ 1425'. WAIT TO TAG.
				TAGGED CEMENT @ 1025'
				PUMP 50 SKS @ 950'
				CIRCULATE CEMENT FROM 285', TOOK 225 SKS
				TOPPED OFF WITH 20 SKS
2:00				JOB COMPLETE
				THANK YOU!!!