

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
December 2003
Type or Print on this Form
Form must be Signed
All blanks must be Filled

Lease Operator: MARTIN OIL PROPERTIES
Address: 6421 AVONDALE DR STE 212
Phone: (915) 810-0900 Operator License #: 3113
Type of Well: INJECTION Docket #: 26714
(Oil, Gas D&A, SWD, ENHR Water Supply Well, Cathodic, Other) (If SWD or ENHR)
The plugging proposal was approved on: _____ (Date)
by: JACK ROBINSON (KCC District Agent's Name)
Is ACO-1 filed? ☒ Yes ☐ No If not, is well log attached? ☐ Yes ☐ No
Producing Formation(s): List All (If needed attach another sheet)
BARTLESVILLE Depth to Top: 876' Bottom: 886' T.D. 927'

Depth to Top: _____ Bottom: _____ T.D. _____

Depth to Top: _____ Bottom: _____ T.D. _____

API Number: 15-091-22,463-00-00
Lease Name: WALL
Well Number: 0 W
Spot Location (QQQQ): SE NW SW NE 12/9/04
1635 Feet from ☐ North / ☒ South Section Line
4255 Feet from ☒ East / ☐ West Section Line
Sec. 32 Twp. 14 S. R. 22 ☐ East ☐ West
County: JOHNSON
Date Well Completed: 4/27/92
Plugging Commenced: 11/14/02
Plugging Completed: 11/14/02

Show depth and thickness of all water, oil and gas formations.

Oil, Gas or Water Records		Casing Record (Surface Conductor & Production)				
Formation	Content	From	To	Size	Put In	Pulled Out
		0	20'	6"		
		0	927'	2 1/8"		

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.

PLUGGED W/ 20 SACKS CEMENT 0-927

Name of Plugging Contractor: RALPH NICKEL (NICKEL DRILL) License #: 27A 8469
Address: 18696 FARLIN RD. PARKIN, KS. 66072
Name of Party Responsible for Plugging Fees: OPERATOR

State of _____ County, _____, ss.

CHRISTIAN L. MARTIN (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.

(Signature) _____

(Address) _____

SUBSCRIBED and SWORN TO before me this 15th day of March, 20 02

Notary Public

My Commission Expires: 11-28-06