

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 #: 6819
Name: SCOTT'S WELL SERVICE Inc
Address 1: 110 N. MEMORY TRAIL
Address 2: PO BOX 136
City: ROXBURY State: KS Zip: 67476
Contact Person: JAY SCOTT
Phone: (785) 254-7828
Type of Well: (Check one) ☐ Oil Well ☐ Gas Well ☐ OG ☐ D&A ☐ Cathodic
☐ Water Supply Well ☐ Other: _____ ☐ SWD Permit #: _____
☒ ENHR Permit #: E-27, 676 ☐ 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)
Maquoketa Depth to Top: 3218 Bottom: 3221 T.D. 3269
_____ Depth to Top: _____ Bottom: _____ T.D. _____
_____ Depth to Top: _____ Bottom: _____ T.D. _____

API No. 15 - 169-03851-00-01
Spot Description: E/2 E/2 SE/4 lying east of river
Senesw Sec. 32 Twp. 14 S. R. 2 ☐ East ☒ West
1,367 Feet from ☐ North / ☒ South Line of Section
3,295 Feet from ☒ East / ☐ West Line of Section
Footages Calculated from Nearest Outside Section Corner:
☐ NE ☐ NW ☒ SE ☐ SW
County: SALINE
Lease Name: HAGG Well #: 5
Date Well Completed: 8/20/1960
The plugging proposal was approved on: 5/13/09 (Date)
by: GREG EAVES (KCC District Agent's Name)
Plugging Commenced: 5/13/09
Plugging Completed: 5/13/09

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
Maquoketa	Dolomite	Surface	8-5/8"	250'	None
		Production	5-1/2"	3269'	None

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.

Sanded bottom to 3160'. Dumped 5 sacks cement on sand. Perforated at 300'. Ran 300' tubing and circulated cement to surface.

Plugging Contractor License #: 6819 Name: SCOTT'S WELL SERVICE, INC.
Address 1: 110 NORTH MEMORY TRAIL Address 2: PO BOX 136
City: ROXBURY State: KS Zip: 67476 + _____
Phone: (785) 254-7828
Name of Party Responsible for Plugging Fees: SCOTT'S WELL SERVICE
State of KANSAS County, MCPHERSON, ss.
JAY SCOTT
(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.

Signature: Jay Scott

Mail to: KCC - Conservation Division, 130 S. Market - Room 2078, Wichita, Kansas 67202