

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 #: NA 0
Name: Unknown Landowner
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 - 001-02956-00-00
Spot Description: SE, SW, SE
SE SW SE Sec. 15 Twp. 26 S. R. 18 ☒ East ☐ West
522 Feet from ☐ North / ☒ South Line of Section
1,925 Feet from ☒ East / ☐ West Line of Section
Footages Calculated from Nearest Outside Section Corner:
☐ NE ☐ NW ☒ SE ☐ SW
County: Allen
Lease Name: Daniels Well #: DAN 07
Date Well Completed: N/A
The plugging proposal was approved on: 1/25/11 (Date)
by: Ryan Duling (KCC District Agent's Name)
Plugging Commenced: 1/25/11
Plugging Completed: 1/25/11

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
SURFACE			7"		NONE
PRODUCTION			4.5"		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.

Squeeze 68 sacks of portland cement through 4 1/2 ". Closed in 590#.

Plugging Contractor License #: 5491 Name: W & W Production Company
Address 1: 1150 Highway 39 Address 2: _____
City: Chanute State: Kansas Zip: 66720 + _____
Phone: (620) 431-4137
Name of Party Responsible for Plugging Fees: None
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.

Signature: Jennifer A. Wimmer (Office Manager) SP

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

RECEIVED

APR 11 2011
4-1-11
KCC WICHITA