

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

RECEIVED
FEB 03 2010
KCC WICHITA

Form CP-4
March 2009
Type or Print on this Form
Form must be Signed
All blanks must be Filled

OPERATOR: License #: 5088
Name: John J. Darrah, Jr.
Address 1: 225 N. Market #300
Address 2: _____
City: Wichita State: KS Zip: 67202 + _____
Contact Person: G. Stoeppelwerth
Phone: (620) 786-4046
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)
ARBUCKLE Depth to Top: 3340 Bottom: 3343 T.D. 3343
PBTD Depth to Top: 3267 Bottom: _____ T.D. _____
_____ Depth to Top: _____ Bottom: _____ T.D. _____

API No. 15 - 009-1910000-00
Spot Description: _____
NE - SW NE Sec. 19 Twp. 16 S. R. 11 East West
1,650 Feet from North / South Line of Section
1,650 Feet from East / West Line of Section
Footages Calculated from Nearest Outside Section Corner:
 NE NW SE SW
County: Barton
Lease Name: Redetzke Well #: 4
Date Well Completed: October 1944
The plugging proposal was approved on: January 27, 010 (Date)
by: Bruce Bayse (KCC District Agent's Name)
Plugging Commenced: January 28, 2010
Plugging Completed: January 28, 2010

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
Arbuckle	Water w/ trace oil	Surface	8 5/8	354	none
Plugged off 2007		Production	5 1/2	3340	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.

Cleaned out to PBTD w/ sand pump. Perforated 1475, 800, 475' w/ 2 shots each. Ran tubing to 3189', pumped 100 sks 60-40 Pozmix w/150 # cottonseedhulls; pulled tubing to 1489', pumped 200 sks same mix w/100 # hulls; pulled tubing to 804', pumped 105 sks same mix w/ 150 # hulls, cement circulated to surface; pulled tubing and topped out 5 1/2" with 5 sks same mix; Filled 8 5/8" X 5 1/2" annulus w/ 25 sks same mix, SIP 200 psi. *4% gel in all cement. JPP*

Plugging Contractor License #: Classic Well Service 32098 Name: Copeland Acid and Cement
Address 1: P.O. Box 539 Address 2: Box 438, Haysville, KS 67060
City: Claffin, KS 67525 State: _____ Zip: _____ + _____
Phone: (620) 587-3406
Name of Party Responsible for Plugging Fees: John J. Darrah, Jr.
State of Kansas County: Sedgwich, ss.
George P. Stoeppelwerth, Agent 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.

Signature: *George P. Stoeppelwerth Agent*

DR

TREATMENT REPORT

Acid Stage No.

Date: 1-28-10 District: GB F. O. No. C 35806
 Company: JOHN DARRAH
 Well Name & No.: REPORT # 4
 Location: 11-5111 Field: _____
 County: BAWTON State: KS
 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/No _____ Perforated from _____ ft. to _____ ft.
 Tubing: Size & Wt. 2 3/8 Spung at _____ ft.
 Perforated from 10 ft. to _____ ft.
 Open Hole Size _____ T.D. _____ ft. P.B. to _____ ft.

Type Treatment: Amt. _____ Type Fluid _____ Sand Size _____ Pounds of Sand _____
 Bkdown _____ Bbl./Gal. _____
 _____ Bbl./Gal. _____
 _____ Bbl./Gal. _____
 _____ Bbl./Gal. _____
 Flush _____ Bbl./Gal. _____
 Treated from _____ ft. to _____ ft. No. ft. _____
 from _____ ft. to _____ ft. No. ft. _____
 from _____ ft. to _____ ft. No. ft. _____
 Actual Volume of Oil/Water to Load Hole: _____ Bbl./Gal.
 Pump Trucks: No. Used: 318 Sp. _____ Twin _____
 Auxiliary Equipment: BULK 135-310
 Packer: _____ Set at _____ ft.
 Auxiliary Tools _____
 Plugging or Sealing Materials: Type _____ (Gals. _____) (Lb. _____)

Company Representative: George S Treater: A.G. CURTIS

TIME a.m / p.m.	PRESSURES		Total Fluid Pumped	REMARKS
	Tubing	Casing		
10:30				ON LOCATION
11:00				TUBING @ 3189' MIX 100 SKS w/ 150# HULLS
				PULL TUBING
12:00				TUBING @ 1489' MIX 100 SKS 60/40 4% GEL w/ 200# HULLS
				PULL TUBING
12:45				Tubing @ 804' MIX 100 SKS 60/40 4% GEL w/ 150# HULLS CIRCULATE TO SURFACE PULL TUBING
				TUBING @ 1000'
13:30				Top off CASING w/ 5 SKS
13:40				BROWN HEAD w/ 25 SKS CHIT IN 2nd #
				TOTAL USED
				JOB COMPLETE RECEIVED
				335 SKS THANK YOU FEB 03 2010
				60/40 102 4% GEL A.G. CURTIS KCC WICHITA

