

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 #: 34809
Name: Victor: JoAnn Clark
Address 1: 4491 W. 1250 Rd.
Address 2: _____
City: Centerville State: Ks Zip: 66096
Contact Person: Victor Clark
Phone: 913, 898-2008
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 - 167-24668-00-00
Spot Description: _____
SE 1/4 NE 1/4 Sec 20 Twp. 21 S. R. 22 East ☒ West ☐
2145 Feet from ☐ North / ☒ South Line of Section
3465 Feet from ☒ East / ☐ West Line of Section
Footages Calculated from Nearest Outside Section Corner:
☐ NE ☐ NW ☐ SE ☐ SW
County: Linn
Lease Name: Clark Well #: 1
Date Well Completed: 3-15-13
The plugging proposal was approved on: _____ (Date)
by: _____ (KCC District Agent's Name)
Plugging Commenced: 3-15-13
Plugging Completed: 3-15-13

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	8.6250	20	RECEIVED KANSAS CORPORATION COMMISSION APR 29 2013 CONSERVATION DIVISION WICHITA, KS
		Completion	2.8750	642	

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.

Pumped cement through 1" from bottom to surface. Remove 1" pumped 60 sacks to T.D.

Plugging Contractor License #: 6142 Name: Town Oil Company
Address 1: 16205 W. 287th St Address 2: _____
City: Paola State: Ks Zip: 66071
Phone: 913, 294-2125
Name of Party Responsible for Plugging Fees: Victor Clark
State of Kansas County, Linn, ss. _____
Leshi Shuteville ☒ 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: [Signature]

