

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 #: 33526
Name: Stucky, Kenneth R. Oil & Gas Operator
Address 1: P.O. Box 576
Address 2: _____
City: Burrtown State: KS Zip: 67020 + _____
Contact Person: Kenneth Stucky
Phone: (620) 463-7624
Type of Well: (Check one) Oil Well Gas Well OG D&A Cathodic
 Water Supply Well Other: _____ SWD Permit #: D20189.0
 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)
Miss Depth to Top: 2958 Bottom: 3300 T.D. 3300
_____ Depth to Top: _____ Bottom: _____ T.D. _____
_____ Depth to Top: _____ Bottom: _____ T.D. _____

API No. 15 - 15-079-20494-00-00
Spot Description: _____
SW -SW- SW. Sec. 36 Twp. 22 S. R. 2 East West
626 Feet from North / South Line of Section
5,097 Feet from East / West Line of Section
Footages Calculated from Nearest Outside Section Corner:
 NE NW SE SW
County: Harvey
Lease Name: Neufeld Well #: 1 SWD
Date Well Completed: Nov. 1980
The plugging proposal was approved on: 04/08/2013 (Date)
by: Dan Fox (KCC District Agent's Name)
Plugging Commenced: 04/09/2013
Plugging Completed: 04/09/2013

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
Mississippi	SWD	Surface	8.625	207	0
		Production	5.5	3300	533

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 back to 2871 Capped W/ 4 sks cement on top. Cut production casing off at 533 ft. and pulled out of hole. TIHW tubing to 406 Pumped 10 sks of gel then spotted 35 sx of common cement Pulled tubing up to 250' and circulated to surface W/ 80sx of cement.

Plugging Contractor License #: 33948 Name: Worx LLC
Address 1: P.O. Box 242 Address 2: _____
City: Hillsboro State: KS Zip: 67063 + _____
Phone: (620) 382-7635

Name of Party Responsible for Plugging Fees: Kenneth R Stucky
State of Kansas County, Harvey, ss.
Kenneth R Stucky 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: Kenneth R Stucky

RECEIVED
KANSAS CORPORATION COMMISSION

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

OCT 16 2013

CONSERVATION DIVISION
WICHITA, KS



TREATMENT REPORT

Acid Stage No. _____

Date: 4/9/13 District: G.8 F. O. No.: C34422

Company: Work L.P.C.

Well Name & No.: Newfield SW

Location: _____ Field: _____

County: Henry State: KS

Casing Size: 8 5/8" Type & Wt.: _____ Set at: _____ ft.

Formation: _____ Perf.: _____ to _____ ft.

Formation: _____ Perf.: _____ to _____ ft.

Formation: _____ Perf.: _____ to _____ ft.

Liner Size: 2 3/4" Type & Wt.: _____ Top at: _____ ft. Bottom at: _____ ft.

Cemented: Yes/No _____ Perforated from: _____ ft. to _____ ft.

Tubing Size & Wt.: 2 3/4" Spung at: _____ ft.

Perforated from: _____ ft. to _____ ft.

Open Hole Size: _____ T. D. _____ ft. P. H. to: _____ ft.

Type Treatment: Amt. _____ Type Fluid _____ Sand Size _____ Pounds of Sand _____

Blowdown: _____ 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 State: _____ Bbl./Gal.

Wagon Trucks No. Used: 320 _____

Auxiliary Equipment: 327 _____

Packer _____ Set at: _____ ft.

Auxiliary Tools _____

Plugging or Sealing Materials: Type _____

_____ Gal. _____ lb.

Company Representative: Trevis

Treater: Walter W.

TIME a. m. (p. m.)	PRESSURES		Total Fluid Pumped	REMARKS
	Tubing	Casing		
12:30	2 3/4"	8 5/8"		On location
				Mix 10 sbs. sch. 2 35 sbs. Common
				3% C.C. @ 400'
				Mix 50 sbs. @ 150' Circulated cement
				to surface.
				Thank you!
				Walter W.

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WICHITA, KS