

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: Burrton 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 #: _____
 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: 2950 Bottom: 3042 T.D. 3042
_____ Depth to Top: _____ Bottom: _____ T.D. _____
_____ Depth to Top: _____ Bottom: _____ T.D. _____

API No. 15 - 15-079-204510000
Spot Description: _____
NW NW NW _____ Sec. 1 Twp. 23 S. R. 2 East West
4,823 Feet from North / South Line of Section
5,065 Feet from East / West Line of Section
Footages Calculated from Nearest Outside Section Corner:
 NE NW SE SW
County: Harvey
Lease Name: Schauf Well #: 1
Date Well Completed: 8/13/1981
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	Oil	Surface	8.625	207	0
		Production	4.5	3024	1700

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 2918. Capped W/ 4 sks cement on top. Cut production casing off at 1700 ft. and pulled out of hole. TIHW tubing to 409' Pumped 35 sks of gel. Spotted 35 sks of common cement. Pulled tubing to 250' & pumped 2 sks of gel, pumped 150 sks of cement and circulated to surface.

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: 4/8/13 District: C.R F.O. No.: C38423
 Company: Worx LLC
 Well Name & No.: Schoel #1
 Location: _____ Field: _____
 County: Harvey State: KS

Casing: Size: 8 5/8" 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" hung at: _____ ft.
 Perforated from: _____ ft. to: _____ ft.
 Open Hole Size: _____ T.D.: _____ ft. P.D. to: _____ ft.

Type Treatment: Ami. _____ Type Fluid: _____
 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: 320 Sp. _____ Twin _____
 Auxiliary Equipment: 327
 Parker: _____ Set at: _____ ft.
 Auxiliary Tools _____
 Plugging or Sealing Materials: Type _____

Company Representative: Trevis Treater: Nathan W.

TIME a.m. / p.m.	PRESSURES		Total Fluid Pumped	REMARKS
	Tubing	Casing		
2:30	<u>2 3/8"</u>	<u>8 5/8"</u>		<u>On location.</u>
:				
:				<u>Mix 5 sks. gal. @ 35 sks. Common 3% C.C. @ 400'</u>
:				
4:15				<u>Mix 2 sks. gal. @ 150 sks. @ 500'. Circulated cement to surface.</u>
:				
:				<u>Thank You!</u>
:				<u>Nathan W.</u>
:				
:				
:				
:				
:				

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 KANSAS CORPORATION COMMISSION
 OCT 16 2013
 CONSERVATION DIVISION
 WICHITA, KS