

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 #: 0
Name: Jim Saunders
Address 1: 38665 W. 327th Street
Address 2: _____
City: Osawatomie State: KS Zip: 66064 + _____
Contact Person: Jim Saunders
Phone: (913) 731-7565
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. 350
_____ Depth to Top: _____ Bottom: _____ T.D. _____
_____ Depth to Top: _____ Bottom: _____ T.D. _____

API No. 15 - 121-26706 - 00.00
Spot Description: 5083 North, 331 West, from SE Corner
NE NE NE NE Sec. 36 Twp. 17 S. R. 21 East West
5083 Feet from North / South Line of Section
331 Feet from East / West Line of Section
Footages Calculated from Nearest Outside Section Corner:
 NE NW SE SW
County: Miami
Lease Name: Saunders Well #: 7
Date Well Completed: 07-29-2014
The plugging proposal was approved on: _____ (Date)
by: Taylor Herman (KCC District Agent's Name)
Plugging Commenced: JUL 29 2014
Plugging Completed: JUL 29 2014

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
			2.5		

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 with 30 sac's of Class A cement.

Received
KANSAS CORPORATION COMMISSION

AUG 12 2014

Plugging Contractor License #: 33715 Name: Town Oilfield Service CONSERVATION DIVISION
Address 1: P.O. Box 339 Address 2: _____ WICHITA, KS
City: Louisburg State: Kansas Zip: 66053 + _____
Phone: (913) 837-8400

Name of Party Responsible for Plugging Fees: Jim Saunders
State of Kansas County, Miami, ss.
Jim Saunders 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: Jim Saunders

AK

Town Oilfield Service

P.O Box 339 Louisburg, Ks 66053
913-837-8400

Ticket Number _____
Location _____
Foreman _____

Field Ticket & Treatment Report Cement

Date	Customer#	Well Name & Number	Section	Township	Range	County
7-29-14		Sander #7	36	17	21	MI
Customer			Mailing Address			
			City	State	Zip Code	

Job Type Plug Hole Size _____ Hole Depth 350 Casing Size & Weight 2 1/2
 Casing Depth _____ Drill Pipe _____ Tubing _____ Other _____
 Displacement _____ Displacement PSI _____ Mix PSI _____ Rate _____

Remarks Squeezed with 30 sacks of class A cement

Account Code	Quantity or Units	Description of Services or Product	Unit Price	Total
		Pump Charge		200
		Cement Truck		200
		Water Truck		100
	30	Cement	10	300
		Gel		
		Plug		
		<u>Cut well off</u>		
			Sales Tax	
			Estimated Total	900

Received
KANSAS CORPORATION COMMISSION
AUG 12 2014
CONSERVATION DIVISION
WICHITA, KS

Authorization [Signature] Title _____ Date 7-29-14

I acknowledge that the payment terms, unless specifically amended in writing on the front of the form or in the customer's account records, at our office, and conditions of service on the back of this form are in effect for services identified on this form.