

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
July 2014
Type or Print on this Form
Form must be Signed
All blanks must be Filled

OPERATOR: License #: 9579 (Inactive)
Name: Kramer Oil Field Service Inc.
Address 1: RR 2 Box 646
Address 2: _____
City: Wellsville State: Ks Zip: 66092 + _____
Contact Person: Dean Kramer
Phone: (816) 305-1356
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 - 045-20065-00-00
Spot Description: W
SE NW SE Sec. 25 Twp. 14 S. R. 20 ☒ East ☐ West
1,969 Feet from ☐ North / ☒ South Line of Section
4,224 Feet from ☒ East / ☐ West Line of Section
Footages Calculated from Nearest Outside Section Corner:
☐ NE ☐ NW ☐ SE ☐ SW
County: Douglas
Lease Name: Rockhold Well #: 5
Date Well Completed: _____
The plugging proposal was approved on: _____ (Date)
by: _____ (KCC District Agent's Name)
Plugging Commenced: 9/30/2014
Plugging Completed: 9/30/2014

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
Squirrel	Oil	Surface	7	88	NA
Squirrel	Oil	Completion	2.50	800	NA

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.

Ran 1" to bottom & filled up

Received
KANSAS CORPORATION COMMISSION

OCT 28 2014

CONSERVATION DIVISION
WICHITA, KS

Plugging Contractor License #: 33715 Name: Town Oil Field Service
Address 1: PO Box 339 Address 2: _____
City: Louisburg State: Ks Zip: 66053 + _____
Phone: (913) 837-8400
Name of Party Responsible for Plugging Fees: Dean Kramer
State of _____ County: _____, ss. _____
(Print Name) ☐ Employee of Operator or ☐ Operator on above-described well,

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: Dean Kramer

Mail to: KKCC - Conservation Division, 266 N Main St, Ste 220, Wichita, KS 67202-1513

