

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 #: 34824
Name: Terry George
Address 1: 30110 Maple Lane
Address 2: _____
City: Spring Hill State: KS Zip: 66083 + _____
Contact Person: Terry George
Phone: (913) 302-1792
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 - 059-25927-00-00
Spot Description: _____
_____ Sec. 33 Twp. 15 S. R. 21 East West
3,450 Feet from North / South Line of Section
165 Feet from East / West Line of Section
Footages Calculated from Nearest Outside Section Corner:
 NE NW SE SW
County: Franklin
Lease Name: Newhouse Well #: 4
Date Well Completed: _____
The plugging proposal was approved on: _____ (Date)
by: _____ (KCC District Agent's Name)
Plugging Commenced: 7/27/2016
Plugging Completed: 7/27/2016

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	7	21	
		Completion	2.8750	729	

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.

Pump cement through pipe from bottom to surface. Pumped sacks of cement to T.D. top off well.

Received
KANSAS CORPORATION COMMISSION

AUG 01 2016 8-1-2016

Plugging Contractor License #: 33715 Name: WICHITA, KS Town Oilfield Services
Address 1: PO Box 339 Address 2: _____
City: Louisburg State: KS Zip: 66053 + _____
Phone: (913) 710-5400

Name of Party Responsible for Plugging Fees: Terry George
State of Kansas County, Franklin, ss.
Lesli Baker 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: Lesli Baker

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

MS
8/3/16

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
7-27-16		warehouse 4	33	15	21E	Franklin
Customer Terry George			Mailing Address			
			City	State	Zip Code	

Job Type Plug Hole Size 2 1/2 Hole Depth 750 Casing Size & Weight _____
Casing Depth _____ Drill Pipe _____ Tubing _____ Other _____
Displacement _____ Displacement PSI _____ Mix PSI _____ Rate _____

Remarks _____

Account Code	Quantity or Units	Description of Services or Product	Unit Price	Total
		Pump Charge		500
		Cement Truck		200
		Water Truck		75
	25	Cement		225
		Gel		
		Plug		
Received KANSAS CORPORATION COMMISSION AUG 01 2016 CONSERVATION DIVISION WICHITA, KS				
			Sales Tax	
Estimated Total				

Authorization [Signature] Title _____ Date _____

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.