

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 #: 6980
Name: McClelland, Larry dba McClelland Oil
Address 1: 2600 N. Chase
Address 2: _____
City: El Dorado State: KS Zip: 67042 + _____
Contact Person: Pam Smith
Phone: (316) 323-2108
Type of Well: (Check one) ☐ Oil Well ☐ Gas Well ☐ OG ☐ D&A ☐ Cathodic
☐ Water Supply Well ☐ Other: _____ ☐ SWD Permit #: _____
☒ ENHR Permit #: E-22145 ☐ 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 - 073-19540-00-01
Spot Description: per KCC GPS
_____ N2 NE Sec. 23 Twp. 26 S. R. 9 ☒ East ☐ West
3,980 5084 Feet from ☐ North / ☒ South Line of Section
450 204 Feet from ☒ East / ☐ West Line of Section
Footages Calculated from Nearest Outside Section Corner:
☐ NE ☐ NW ☐ SE ☐ SW
County: Greenwood
Lease Name: Trapp Well #: 1
Date Well Completed: _____
The plugging proposal was approved on: _____ (Date)
by: _____ (KCC District Agent's Name)
Plugging Commenced: 3/1/2017
Plugging Completed: 3/1/2017

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	12.50	700	
		Production	4.500	1380	

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.

Rig up, wash down, mixed sacks of cement followed by gel

KCC WICHITA

MAR 22 2017

RECEIVED
3-22-17

Plugging Contractor License #: 33961 Name: Consolidated Oil Well Service
Address 1: 1322 S Grant Address 2: _____
City: Chanute State: KS Zip: 66720 + _____
Phone: (620) 431-9210
Name of Party Responsible for Plugging Fees: McClelland, Larry dba McClelland Oil

State of _____ County, _____, ss.

Patricia K. Smith
(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: _____



CONSOLIDATED
Oil Well Services, LLC

PO Box 884, Chanute, KS 66720
620-431-9210 or 800-467-8676

FIELD TICKET & TREATMENT REPORT CEMENT

TICKET NUMBER 52072
LOCATION EL Dorado
FOREMAN Fuzz

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
3-1-17	5936	Trapp #1	22	26	9	Greenwood
CUSTOMER W & S Oil Co.			PROPERTY			
MAILING ADDRESS 2600 N Chase			TRUCK #	DRIVER	TRUCK #	DRIVER
CITY El Dorado			603	Tracy		
STATE KS	ZIP CODE 67042		684	Jeremy		
			637	Jed		
			866	Fuzz		

JOB TYPE AWP HOLE SIZE _____ HOLE DEPTH _____ CASING SIZE & WEIGHT 2 7/8 IN 5 1/2
CASING DEPTH _____ DRILL PIPE _____ TUBING 1" OTHER _____
SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT IN CASING _____
DISPLACEMENT _____ DISPLACEMENT PSI _____ MIX PSI _____ RATE _____

REMARKS: Safety meeting on location. Rig up and attempt to
circulate 1" pipe to a depth of 1200'. Washed down to
mixed 255 sks 60/40 490 gal 390 cc followed by
75 sks 60/40 490 gal. Total 200 sks 60/40 490 gal
Cement did not circulate

Thanks Fuzz & crew

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
CE0450	1	PUMP CHARGE	1500 ⁰⁰	1500 ⁰⁰
CE0002	30	MILEAGE	7.15	214 ⁵⁰
WE0853	10 hrs	80 GAL UAC Truck	100 ⁰⁰	1000 ⁰⁰
WC0159	3000 gal	CITY WATER	10.2	60 ⁰⁰
CE0711	8.6 Ton	Ton Mileage Delivery (min)	660 ⁰⁰	660 ⁰⁰
CC5829	200	60/40 pos 490 gal	16 ⁰⁰	3200 ⁰⁰
CC5325	300 ^{kg}	Calcium Chloride	125	375 ⁰⁰
		sub total		7009 ⁵⁰
		less discount		3154 ²⁷
		KCC WICHITA sub total		3855 ²³
		MAR 22 2017		
		RECEIVED		
		SALES TAX		
		ESTIMATED TOTAL		

Ravin 3737

AUTHORIZATION

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