

Notice: Fill out COMPLETELY and return to Conservation Division at the address below within

Kansas Corporation Commission Oil & Gas Conservation Division

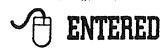
Form CP-4 March 2009 Type or Print on this Form Form must be Signed All blanks must be Filled

o days from plugging date.	WELL PLUGGING RECORD K.A.R. 82-3-117	
PERATOR: License #:	API No. 15	

OPERATOR: License #:				API No. 15	j	
Name:						
Address 1:						wp S. R East West
Address 2:					Feet from	North / South Line of Section
City:	State:	Zip: +			Feet from	East / West Line of Section
Contact Person:		·		Footages (Calculated from Near	est Outside Section Corner:
Phone: ()					NE NW	SE SW
Producing Formation(s): List Al Depth to	her: Gas Stol No If not, is well (If needed attach another Top: Botton Top: Botton	rage Permit #:	No No	Lease Nar Date Well The plugging by: Plugging C	me:Completed:Commenced:	roved on: (Date) (KCC District Agent's Name)
Show depth and thickness of al	I water, oil and gas forma	tions.				
Oil, Gas or Water I	Records		Casing F	ecord (Surfa	ace, Conductor & Produ	uction)
Formation	Content	Casing	Size		Setting Depth	Pulled Out
Describe in detail the manner is cement or other plugs were use						ods used in introducing it into the hole. If
Plugging Contractor License #:			Name: _			
Address 1: Ad			Address	ess 2:		
City:				State:		Zip:+
Phone: ()						
Name of Party Responsible for	Plugging Fees:					
State of	County,(Print Name)				ployee 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.





TICKET NUMBER 34567

LOCATION EUCKA

FOREMAN RICK Ledford

DATE 4-24-20/2

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

FIELD TICKET & TREATMENT REPORT

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DATE	CUSTOMER#	WELL NAME & NUM	BER	SECTION	TOWNSHIP	RANGE	COUNTY
4-24-12	1828	WELL NAME & NUM Clive TC-1	8	16	24	18E	AL
CUSTOMER	_						
	olt Eners	W Inc.		TRUCK#	DRIVER	TRUCK#	DRIVER
MAILING ADDRE	ŠS .	•		520	John		
!	O. Box 38	8		479	Merk		
CITY		STATE ZIP CODE]	ل ها د	びか		
コ	ola	KS					
JOB TYPE <u> <i>ρ</i>. ΄</u>	7. <u>A</u>	HOLE SIZE NA	HOLE DEPTH	869	CASING SIZE & W	/EIGHT_ <i>47</i>	8 WT.NA
CASING DEPTH		DRILL PIPE	_TUBING22	18		OTHER	
SLURRY WEIGH	IT_/3.5 [#]	SLURRY VOL 7 BS			CEMENT LEFT in	CASING	
DISPLACEMENT		DISPLACEMENT PSI	MIX PSI		RATE		
REMARKS: 5	afet meet	ing - Rig up to 23/	8" Eubina	@ 865' B	SCAR CICCULA	tion ul for	sh
water.	Pum 6 sks	gel-flush space. (Dixed 25	SKS OWE	cerent @	13.54 /gal.	
		fresh woter Pull					
7	7				,		

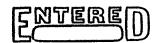
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		77.77	CCC FRG				

ACCOUNT CODE	QUANITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5405A	1	PUMP CHARGE	475.00	475.00
5406	<u>g</u>	MILEAGE 2 rd well of 2	1/4	n/c
1126	25 5¥5	BWC Conest	18.80	470.60
11183	300#	ge) space	.21	3.00
5407	/, 3	ton mileage bulk tik	m/c	350.60
5502C	3 h-s	80 B31 NAC. TEX	90.00	270.00
`				
			SALES TAX	1628.00
in 3737	·T /	4. 649310	ESTIMATED	16.2

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

TITLE





TICKET NUMBER LOCATION Eurako FOREMAN STEVE Mead

LOTOTOL

SALES TAX

ESTIMATED

TOTAL

7.556

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

Ravin 3737

FIELD TICKET & TREATMENT REPORT

CUSTOMER CATE CATE CATE CATE CATE CATE CATE CATE	
COST MAILING ADDRESS MAILING ADDRESS P.O. Box 38% CITY STATE ZIP CODE FOLOW JOB TYPE PT HOLE SIZE CASING BEPTH DRILL PIPE SLURRY WEIGHT SLURRY WEIGHT SURRY WEIGHT DISPLACEMENT DISPLACEMENT PSI MIX PSI REMARKS: SOFTY MACKING. P.S. up to 25% Tubing. Brock Circulation by Fresh Lookey. Tubing down B. Mix 150 Cel Iniobble Freshwater Spo 10 Sk Look ROZDIN CAMAN 46 Gel AT 598 Pull Tubing. Brock Circulation by Fresh Lookey. Tubing. Top aroll of P. JOB Campble Right Top 260' Brock Circulation. ACCOUNT CODE QUANITY or UNITS DESCRIPTION of SERVICES or PRODUCT UNIT PRICE 1131 60 5Ks. 60/Mo Permix Cement 1255 1138 206 FGEL H26 1131 60 5Ks. 60/Mo Permix Cement 1255 1138 206 FGEL H26 1131 60 5Ks. 60/Mo Permix Cement 1255 1138 206 FGEL H26 1131 60 5Ks. 60/Mo Permix Cement 1255 1138 206 FGEL H26 1131 60 5Ks. 60/Mo Permix Cement 1255 1138 206 FGEL H26 1131 60 5Ks. 60/Mo Permix Cement 1255 1138 206 FGEL H26 1131 60 5Ks. 60/Mo Permix Cement 1255 1138 206 FGEL H26 1131 60 5Ks. 60/Mo Permix Cement 1255 1138 206 FGEL H26 1131 60 5Ks. 60/Mo Permix Cement 1255	COUNTY
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5407 2.38 Ton mileges bulk Truck mic 3	
	350.00
	W. W.

AUTHORIZTIO -TITLE_ DATE /2/

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.

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