



Notice: Fill out COMPLETELY and return to Conservation Division at the address below within 60 days from plugging date.

KANSAS CORPORATION COMMISSION 1192742
OIL & GAS CONSERVATION DIVISION

Form CP-4
March 2009

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

WELL PLUGGING RECORD
K.A.R. 82-3-117

OPERATOR: License #: _____
 Name: _____
 Address 1: _____
 Address 2: _____
 City: _____ State: _____ Zip: _____ + _____
 Contact Person: _____
 Phone: (_____) _____
 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 - _____
 Spot Description: _____
 _____ - _____ - _____ Sec. _____ Twp. _____ S. R. _____ East West
 _____ Feet from North / South Line of Section
 _____ Feet from East / West Line of Section
 Footages Calculated from Nearest Outside Section Corner:
 NE NW SE SW
 County: _____
 Lease Name: _____ Well #: _____
 Date Well Completed: _____
 The plugging proposal was approved on: _____ (Date)
 by: _____ (KCC District Agent's Name)
 Plugging Commenced: _____
 Plugging Completed: _____

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

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.

Plugging Contractor License #: _____ Name: _____
 Address 1: _____ Address 2: _____
 City: _____ State: _____ Zip: _____ + _____
 Phone: (_____) _____
 Name of Party Responsible for Plugging Fees: _____
 State of _____ County, _____, ss.
 _____ 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.

Submitted Electronically

Mail to: KCC - Conservation Division, 130 S. Market - Room 2078, Wichita, Kansas 67202

Elite Cement & Acidizing of KS, LLC

810 E 7th, PO Box 92
Eureka, KS 67045

Phone #	Fax #
620-583-5561	620-583-5524

Date	Invoice #
2/28/2014	1112

Bill To
Crossbar Energy 100 S Main, Suite 400 Wichita, KS 67202

Job Date	2/28/2014
Lease Information	
Burkett EW-32	
Foreman	RM

Customer ID#	Terms
1038	Net 30

Item	Description	Qty	Rate	Amount
C105	Cement Pump-Plug (old well)-1st well	1	750.00	750.00T
C107T	Pump Truck Mileage-taxable	15	3.95	59.25T
C203	Pozmix Cement 60/40	80	12.75	1,020.00T
C206	Gel Bentonite	275	0.20	55.00T
C205	Calcium Chloride	75	0.60	45.00T
C108AT	Ton Mileage (min. charge)-taxable	1	345.00	345.00T
C113T	80 Bbl Vac Truck	3	85.00	255.00T

We appreciate your business!

Subtotal	\$2,529.25
Sales Tax (7.15%)	\$180.84
Total	\$2,710.09
Payments/Credits	\$0.00
Balance Due	\$2,710.09

E-mail
elitecementing@att.net

810 E 7TH
 PO Box 92
 EUREKA, KS 67045
 (620) 583-5561



**Cementing & Acidizing
 of Kansas, LLC**



Cement or Acid Field Report
 Ticket No. 1112
 Foreman Russell McCoy
 Camp EUREKA

Date	Cust. ID #	Lease & Well Number	Section	Township	Range	County	State
2-28-14	1038	Buckett EW-32	27	23 S	10 E	G.W.	KS
Customer			Unit #	Driver		Unit #	Driver
Crossbar Energy			102	Rick			
Mailing Address			111	Booy			
100 S main Suite 400			145	Allen G			
City		State	Zip Code				
Wichita		KS	67202				
Suite 400							

Job Type RTA Hole Depth _____ Slurry Vol. 20 bbl Tubing 2 7/8
 Casing Depth Tubing 2335 Hole Size _____ Slurry Wt. _____ Drill Pipe _____
 Casing Size & Wt. _____ Cement Left in Casing Full Water Gal/SK _____ Other _____
 Displacement 0 Displacement PSI 1000 # Bump Plug to _____ BPM _____

Remarks: Safety meeting Rig up to 2 7/8 Tubing Establish Rate at 1.6 BPM
700 # of 10 Bbl water. Mix 80 SKs 60/40 Pozmix 4% Gel 1% Cncl2. PSI
went to 1,000 # of 25 SKs for formation. SHUT DOWN WASH OUT Pump + Lines
Clear volume of 5 gallons water, close well and of 200 PSI. Job complete, Tens down.
well into.

2 1/2 Tubing set 2335 = 55 SKs } 60/40 Pozmix 4% Gel 1% Cncl2
 39' open hole = 25 SKs }
 80 SKs TOTAL

Thank You
 Russell McCoy

Code	Qty or Units	Description of Product or Services	Unit Price	Total
C-105	1	Pump Charge	750.00	750.00
C-107	15	Mileage	3.95	59.25
C-203	80 SKs	60/40 Pozmix	12.75	1020.00
C-206	275 #	Gel = 4%	.20	55.00
C-205	75 #	Cncl2 = 1%	.60	45.00
C-108A	3.75 Ton	Tow mileage	345.00	345.00
C-113	3 hr	80 Bbl UNC Truck	85.00	255.00
				2,529.25
Sales Tax				180.84

Authorization by Stewart woody Title CO/Rep Total 2710.09

I agree to the payment terms and conditions of services provided on the back of this job ticket. Any amendments to payment terms must be in writing on the front of this job ticket or in the Customer's records at ELITE's office.