



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

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.

(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.

Submitted Electronically

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

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

Elite

**Cementing & Acidizing
 of Kansas, LLC**



Cement or Acid Field Report
 Ticket No. **1218**
 Foreman STANLEY
 Camp EUREKA

API 15-207-28859 ✓

| Date | Cust. ID # | Lease & Well Number | Section | Township | Range | County | State |
|------------------|------------|---------------------|---------|-----------|--------|---------|-------|
| 4-9-14 | 1003 | Look # CL-3 | 23 | 26 | 11E | Woodson | KS |
| Customer | | | Unit # | Driver | Unit # | Driver | |
| Cell Energy, Inc | | | 1041 | Alan M | | | |
| Mailing Address | | | 110 | Shannon F | | | |
| PC-Box 358 | | | | | | | |
| City | State | Zip Code | | | | | |
| Topeka | KS | 66749 | | | | | |

Job Type Top off Well Hole Depth _____ Slurry Vol. _____ Tubing _____
 Casing Depth _____ Hole Size _____ Slurry Wt. _____ Drill Pipe _____
 Casing Size & Wt. _____ Cement Left in Casing _____ Water Gal/SK _____ Other _____
 Displacement _____ Displacement PSI _____ Bump Plug to _____ BPM _____

Remarks: Safety Meeting Top of Well us 40 sks 60/40 per min. Cement 40 gal
Job complete Rig down

Thank you

| Code | Qty or Units | Description of Product or Services | Unit Price | Total |
|---|--------------|--|------------|---------------------|
| | | Pump Charge <u>N/C</u> | | |
| | | Mileage <u>N/C 3rd Well</u> | | |
| C203 | 40 sks | 60/40 per min | 12.75 | 510.00 |
| C206 | 135 # | Gel 4% | .20 | 27.00 |
| <div style="border: 1px solid black; border-radius: 50%; padding: 10px; display: inline-block;"> 590 (28.11) \$546.63 </div> | | | | |
| | | | Subtotal | 537.00 |
| | | | Sales Tax | 38.40 |
| Authorization <u>[Signature]</u> | Title _____ | | | Total 575.40 |

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.

Summary of Changes

Lease Name and Number: LOUK CL-3

API/Permit #: 15-207-28859-00-00

Doc ID: 1200934

Correction Number: 1

| Field Name | Previous Value | New Value |
|----------------------|---|---|
| Approved Date | 04/08/2014 | 05/28/2014 |
| Plugging Description | BAR DRILLING, LLC RUN IN DRILL PIPE TO BOTTOM ELITE | BAR DRILLING, LLC RUN IN DRILL PIPE TO BOTTOM ELITE |
| Save Link | ../..kcc/detail/operatorEditDetail.cfm?docID=1198524 | ../..kcc/detail/operatorEditDetail.cfm?docID=1200934 |

Summary of Attachments

Lease Name and Number: LOUK CL-3

API: 15-207-28859-00-00

Doc ID: 1200934

Correction Number: 1

Attachment Name

LOUK CL-3 CEMENT TICKET TOP OFF PLUGGED WELL ELITE CEMENT & ACIDIZE OF
KS