



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

**KANSAS CORPORATION COMMISSION 1216746**  
**OIL & GAS CONSERVATION DIVISION**  
**WELL PLUGGING RECORD**  
 K.A.R. 82-3-117

Form CP-4  
 March 2009

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

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**

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

**Elite**

**Cementing & Acidizing  
 of Kansas, LLC**



**Cement or Acid Field Report**

Ticket No. **1452**

Foreman STEVE MASO

Camp EUREKA

15-CW-19359

Date	Cust. ID #	Lease & Well Number		Section	Township	Range	County	State
7-10-11	1003	Clin. # B-19		16	24	15E	Allen	KS
Customer				Unit #	Driver	Unit #	Driver	
Celt Energy Inc				182	Davis G.			
Mailing Address				113	ALLEN B			
PO Box 388								
City	State	Zip Code						
Eola	KS	66749						

Job Type PTD old well Hole Depth 920' Slurry Vol. \_\_\_\_\_ Tubing 2 3/4"  
 Casing Depth 903' 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 Plug well as follows Pump 250' Gal ahead.  
25 sks AT 903'  
10 sks AT 500'  
20 sks AT 250' to surface  
Total 55 sks 60/40 Poz mix 4% Gel

Code	Qty or Units	Description of Product or Services	Unit Price	Total
C1052	1	Pump Charge	500.00	500.00
		Mileage 2 <sup>nd</sup> well in F-11	-	-
C203	55 sks	60/40 Poz mix Cement	12.75	701.25
C206	190 <sup>gals</sup>	Gel 4%	.20	38.00
C206	250 <sup>gals</sup>	Gel Special	.20	50.00
C108A	2.3776	Tan mileage bulk truck	149	345.00
			Sub Total	1634.25
			7.40% Sales Tax	158.943
Authorization <u>R. P. [Signature]</u> Title _____				Total <u>1693.568</u>

590 (8/1/16)  
 \$11661.42

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.