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** 

1224860

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 #:	API No. 15
Name:	Spot Description:
Address 1:	Sec Twp S. R East West
	Feet from North / South Line of Section
City: State: Zip: +	Feet from East / West Line of Section
Contact Person:	Footages Calculated from Nearest Outside Section Corner:
Phone: ( )	NE NW SE SW
Type of Well: (Check one)  Oil Well  Gas Well  OG  D&A  Cathodic    Water Supply Well  Other:  SWD Permit #:  SWD Permit #:  SWD Permit #:    ENHR Permit #:  Gas Storage Permit #:  Is ACO-1 filed?  Yes  No    Is ACO-1 filed?  Yes  No  If not, is well log attached?  Yes  No    Producing Formation(s): List All (If needed attach another sheet)	County: Well #: 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	g Fees:		
State of	County,	, SS.	
	(Print Name)		or or Operator on above-described well
haing first duly sugar an asthe says. The	at I have knowledge of the factor	totomonto, and mottors harain contained, and the la	a of the choice described well is so filed on

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

Cement or Ac	id Field Report
Ticket No.	1178
Foreman Ry	x Ledford
Camp Eureya	163

Date	Cust. ID #	Leas	e & Well Number		Section	-	wnship	ip Range County		County	State
4/9/14	1063	Wilson	#2						EIR		Ks
Customér				Safety	Unit #		Driv	ver		Unit #	Driver
CHE OII		Meeting	102								
Mailing Address		LB CB	112		Rud, m.						
L	122 F	Im Stre	et	RM							
City		State	Zip Code								
MOLIN	ب	KS	61353								
Job Type TAOId Hole Depth Slurry Vol Tubing Tiping											
Casing Depth Hole Size Slurry Wt. <u>/3.2</u> <sup>#</sup> Drill Pipe											
Casing Size & Wt Cement Left in Casing Water Gal/SK Other											
Displacement /2 Displacement PSI Bump Plug to BPM											
Remarks: Safety meeting - Rig w to 2318" tubing @ 1920' Establish (at @ 500 PST @ 282m)											
[1] 1xed 15 583 66 140 POTMIX CEMET (P13. )* Jac' Washart Pump & lines Displace 1.1 61/2											
Bb1 water, Weil locked up @ 2000 PSJ. ( close pressure, well balanced. Job conflicte. Rig down.											

**Cementing & Acidizing** 

of Kansas, LLC

810 E 7<sup>TH</sup> PO Box 92

EUREKA, KS 67045 (620) 583-5561

## THANK Ya"

Code	Qty or Units	Description of Product or Services	Unit Price	Total
(105	/	Pump Charge	750.00	750.00
(107	30	Mileage	3.95	118.50
				10.30
(203	15 5115	60/40 logmin compt	12.75	191.25
				111.62
(168A		ton mileage built tre	mlc	345.00
			10/ 5	575.00
1. A.			3Lhtotal	1404.75
		7.15%	Sales Tax	100.44
Authoriz	ation	Title	Total	1505.19

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.

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percentage rate of 18% will be charged to accounts after 30 days. TERMS: Account due upon receipt of services. A 11/2% Service Charge, which is an annual

City\_ 1250' Address Qţy. Customer N 00 5 XS 401e Wilson Sts Bau COSCUMED 250 + 550 Unforcetod. 1 1 ertorations Rec'd. by\_ NWell 100 Sar 15 12612 Ge P 2 enver ement Thank You - We appreciate your business! 4/2 & 5/2 Cost. Vacue 1" Out ant tool 170 5 #2 70 Description Qu (aclass Buc Cler 055 1250 Pain 2 (Lue 10 Sts St. Lichar 1250 + 5301 Swedge F Cemer 7 \* 00 Pince State 545 C  $C: \in O: I$ aneut Stor 102x 11,00 200,00 16,00 20,58 10 120,00 ON Ceno 1/0,00 Price 950862 8 Np Acell 229400 X 968,00 480,00 125,00 400,00 220/00 186. 00 55 Amount 2777 6. Between 00 26

STATEMENT

Box 87 - 776 HWY99 Cell: (620) 249-2519 Eve: (620) 725-5538 ELMORE'S INC. Sedan, KS 67361

Date 4-30-14 1120