

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

1227226

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.

(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

Elite Cementing & Acid Service, LLC

810 E 7th, PO Box 92

Eureka, KS 67045



Date	Invoice #
5/28/2014	1228

Bill To	
Crossbar Energy 100 S Main, Suite 400 Wichita, KS 67202	Lease <u>VIGLE</u> Well # <u>V2</u> Desc. <u>V2; Cement to Plug</u>
Customer ID# 1036	Acct # <u>4050-92</u>

Job Date	5/23/2014
Lease Information	
Vigle #2	
County	Greenwood
Foreman	RM

Item	Description	Qty	Terms	Net 30
			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	75	12.75	956.25T
C206	Gel Bentonite	250	0.20	50.00T
C206	Gel Bentonite	300	0.20	60.00T
C108AT	Ton Mileage (min. charge)-taxable	1	345.00	345.00T

We appreciate your business!

Phone #	Fax #
620-583-5561	620-583-5524
E-mail	
rene@elitecementing.com	

Subtotal	\$2,220.50
Sales Tax (7.15%)	\$158.77
Total	\$2,379.27
Payments/Credits	\$0.00
Balance Due	\$2,379.27

Elite
Ce

Camp EUREKA

THANKI
Russell
McLOY

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.