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

March 2009 Type or Print on this Form Form must be Signed All blanks must be Filled

Form CP-4

## 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
Address 2:	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 #:  Gas Storage Permit #:  SWD Permit #:  SWD 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.	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)			tion)
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 Plu	ugging Fees:			
State of	County,	, SS.		
	(Print Name)		tor or Operator on ab	
		statements, and matters herein contained, and the		

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

Elite Cementing & Acid Service, LLC

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

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Date	Invoice #
5/28/2014	1228

Bill To	.1
Crossbar Energy 100 S Main, Suite 400 Wichtia, KS 67202	LeaseVIOL2 Well # DescV2; Cement to Plug
Customer ID#	103Acct # 4050-92

Job Date	5/23/2014			
Lease I	nformation			
Vi	gle #2			
County Greenwood				
Foreman RM				

			Terms	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	59.251
2203	Pozmix Cement 60/40	75	12.75	956.251
2206	Gel Bentonite	250	0.20	50.001
C206	Gel Bentonite	-300	0.20	60.00T
C108AT	Ton Mileage (min. charge)-taxable		345.00	345.00T
We appr	reciate your business!	Subto	tal	\$2,220.50

Phone # Fax #	
620-583-5561	620-583-5524
E-ma	ail
rene@elitecem	enting com

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



810 E 7TH PO Box 92

(620) 583-5561

Cement or Acid Field Report Ticket No. 1228
Foreman Russey meloy
0

					C	K L	oump	EUTERM	
Date	Cust. ID #	Lea	se & Well Number		Section	Township	Range	County	State
5-23-14	1038	Viale	# 2	1				GW	Ks
Customer				Safety	Unit #	Dri	ver	Unit #	Driver
Crossba	r Energ	AY		Meeting	102	Shar	NOON	102	
Mailing Address				Rm	110	RUSS	macoy	110	
		Suite 4	00	SF					
City		State	Zip Code	Gri					
Wichiti	A	Ks	67202						
Job Type P:		Hole De	pth 1550		Slurry Vol			Tubing 2-3/8	
Casing Depth_			ze		Slurry Wt	135 #		Drill Pipe	
			eft in Casing2		Water Gal/SK			Other	
Displacement_			ement PSI					3PM	
Remarks: <u>S</u>		Meeting	, Kig up 1	FU 27/8	Tubing,	Break C	iccul A	tion w/ Fre	<u>*5 H</u>
	Plug	15 5Ki	1540	•					
at an adapta settimon and an an adaptation	~	15 Ste	918						
		45 SKS	173 -	To Sur	FARE				
		15 SKs	TOTAL						
		Gel SA	ACER Be	tween	Plugs				
		and where a second second		-han	KI I				

RUSSELLOT

Code	Qty or Units	Description of Product or Services	Unit Price	Total
C-105		Pump Charge	750.00	750.00
6-107	15	Mileage	3.95	59.25
6-203	75	6440 Pozmix	12.75	966.25
6-206	250#	Gel = 49. Mixed IN comen	. 20	50.00
C·206	300#	Gel Gel Spacen	.20 2000	60.00
C-10B		Ton Milenge	34 5.00	345.00
		di n		
	$\partial$	·		8220.50
	V	1001	Sales Tax	158.11
Authoriz	ation M	UMPU- Waterfile Co Rep	Total	8319.21

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.