



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

KANSAS CORPORATION COMMISSION 1264881
OIL & GAS CONSERVATION DIVISION

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.
 _____ 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 7TH
 PO Box 92
 EUREKA, KS 67045
 (620) 583-5561



Cement or Acid Field Report
 Ticket No. 2545
 Foreman Rick Laddford
 Camp Eureka 113

Date	Cust. ID #	Lease & Well Number	Section	Township	Range	County	State
9-18-15	1102	Homesite #2				Sumner	KS
Customer Endeavor Energy Resources			Safety Meeting RL CB AM		Unit # 102 112	Driver Chris B. Alam C.	Unit # Driver
Mailing Address P.O. Box 40			City Ocala		State OK	Zip Code 74027	

Job Type P.T.A Hole Depth _____ Slurry Vol. _____ Tubing 2 3/4"
 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. Rig up to 2 3/4" tubing @ 280' mixed 135 sacks 60/40 Perm + cement w/ 4% gel, pull tubing out, topped well off w/ 15 sacks cement. Job complete. Rig down.

Thank You

Code	Qty or Units	Description of Product or Services	Unit Price	Total
C105-2	1	Pump Charge	650.00	650.00
C107	0	Mileage	395	N/C
C203	150 Sks	60/40 Perm + cement	12.75	1912.50
C206	515 [#]	4% gel	20	103.00
C108B	6.45	ton mileage bulk fuel	1.35	696.60
				3362.10
			7% Subtotal Sales Tax	235.35
Authorization witnessed by <u>Os Myers</u> Title <u>Co Op</u>				Total 3597.45

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.

Date: 03-26-2015 G.L.

Ticket Number: **116-001237**


CUSTOMER INFORMATION	
Customer Name: ENDEAVOR ENERGY RESOURCES	
Invoice Address:	
Contact: MR GUS MOYERS	
Phone:	Fax:

WELL INFORMATION	
Well Name and No.:	HOVING
Section:	SECTION 2 - T355 - R02E
Well Type:	NE NE NE

WELL BORE INFORMATION				
Casing Size:	Casing Weight:	Casing Depth:	Type Fluid:	Fluid Level:
5.5"	N/A	3325'	OIL/WATER	600'
Operator:	Riggers:	Top of Cement:	Total Casing/Shaft:	Purchase Order No.:
ENDEAVOR	WELLS	N/A	N/A	

(SIGNATURE HERE IS A GUARANTEE OF TERMS AND CONDITIONS PRINTED ON REVERSE SIDE)

I hereby warrant that the above information is true and correct to the best of my knowledge and belief. I have read and understand the terms and conditions as outlined on reverse of this ticket.

Customer or Authorized Representative Signature: 

DESCRIPTION	AMOUNT
MAST TRAILER	
SET 5.5" CAST IRON BRIDGE PLUG AT 3450'	
Dump 2 SACKS CEMENT ON PLUG	
PERFORATED 2 SQUEEZE HOLES AT 250' WITH 3.125" SLICK GUN	
	2975.00
10% Low oil price discount	- 297.50
	2677.50

PRICES SHOWN ARE ESTIMATES AND SUBJECT TO CHANGE BY ACCOUNTING DEPARTMENT DISCOUNTS DO NOT APPLY TO CHECKS RETURNED INSUFFICIENT FUNDS



REMIT TO: P.O. BOX 160 • SKIATOOK, OK 74070 • (918) 396-3331 • FAX (918) 396-3393

Date: 08-26-2015 G.L.

Ticket Number: 116-001237

CUSTOMER INFORMATION

Customer Name: ENDAVOR ENERGY RESOURCES

Invoice Address:

Contact: MIK GUIS MGR/LES

Phone: _____ Fax: _____

WELL INFORMATION

Well Name: _____

Well ID: _____

Well Type: _____

Well Status: _____

WELLBORE INFORMATION

Wellbore ID: _____

Wellbore Name: _____

Wellbore Type: _____

Wellbore Status: _____

(SIGNATURE HEREIN IS ACCEPTANCE OF TERMS AND CONDITIONS PRINTED ON REVERSE SIDE)

Customer Authorized Representative Signature: _____

DESCRIPTION	AMOUNT
<u>INST TRAILER</u>	
<u>SET 55" CAST IRON BRIDGE PLUG AT 3450'</u>	
<u>DUMP 2 SACKS CEMENT ON PLUG</u>	
<u>PERFORATED 2 SQUARES HOLES AT 250' WITH 3.125' SLICK GUIN</u>	
	\$ 2995.00
<u>10% Discount</u>	- 299.50
	\$ 2695.50

PRICES SHOWN ARE ESTIMATES AND SUBJECT TO CHANGE BY ACCOUNTING DEPARTMENT DISCOUNTS DO NOT APPLY TO CHECKS RETURNED INSUFFICIENT FUNDS



REMIT TO: P.O. BOX 160 • SKIATOOK, OK 74070 • (918) 396-3331 • FAX (918) 396-3393