



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

KANSAS CORPORATION COMMISSION 1265019
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

Date: 09-02-2015 G.L.

Ticket Number: 116-001243

CUSTOMER INFORMATION	
Customer Name:	ENDEAVOR ENERGY RESOURCES LI.
Invoice Address:	P.O. Box 40 DELAWARE, OK. 74627
Contact:	Mrs. GILES MYERS
Phone:	Fax:

VEHICLE INFORMATION	
Vehicle Make:	
Vehicle Model:	
Vehicle Year:	
Vehicle License:	
Vehicle Color:	

WEBSITE INFORMATION	
Website:	
URL:	

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

[Signature]

DESCRIPTION	AMOUNT
MAST TRAILER	
SET 4.5" CAST IRON BRIDGE PLUG AT 2100'	
Dump 2 5X CEMENT ON PLUG	
SET 4.5" CAST IRON BRIDGE PLUG AT 1500'	
Dump 2 5X CEMENT ON PLUG	
PERF 2 Holes AT 300'	
	4350.00
- 2015 Low vol. disc. amount	435.00
	3915.00

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

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



Cement or Acid Field Report
 Ticket No. 2540
 Foreman Rick Lottford
 Camp Eureka Ks

Date	Cust. ID #	Lease & Well Number	Section	Township	Range	County	State
9-15-15	1102	Anderson Woods #10	11	35	2E	Sumner	Ks
Customer Enderbar Energy Resources			Unit #	Driver		Unit #	Driver
Mailing Address P.O. Box 40			102	Chris B.			
City Delaware			112	Dave G.			
State OK							
Zip Code 74027							

Job Type P.T.A Hole Depth _____ Slurry Vol. _____ Tubing _____
 Casing Depth _____ Hole Size _____ Slurry Wt. 14* Drill Pipe _____
 Casing Size & Wt. 4 1/2' Cement Left in Casing _____ Water Gal/SK 7.0 Other _____
 Displacement _____ Displacement PSI _____ Bump Plug to _____ BPM _____

Remarks: Safety meeting. Rig up to 4 1/2" casing perforated @ 250' Break circulation w/ 10 bbl water. Mixed 70 sacks (cool) 40 Dormix cement w/ 490 gal @ 14" / gal. Brought cement to surface. 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 2nd well of 3	3.95	0.00
C203	70 sacks	cool 40 Dormix cement	12.75	892.50
C206	240*	490 gal	.20	48.00
C1080	3.01	ton mileage bulk tax	1.35	325.08
			subtotal	1915.58
			7.00% Sales Tax	134.09
Authorization <u>Witnessed by C.S. Myers</u> Title <u>Co. Rep</u>			Total	<u>2049.67</u>

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.