



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

KANSAS CORPORATION COMMISSION 1265020
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

Date: 09-02-2015 G.L.

Ticket Number: **116-001242**

CUSTOMER INFORMATION

Customer Name: ENDAVOR ENERGY RESOURCES

Invoice Address: P.O. Box 40
DELAWARE, OK. 74027

Contact: BOB GUS MUELS

Phone: _____ Fax: _____

WELL INFORMATION

Well Name: _____

Well Number: _____

Well Type: _____

Well Status: _____

Well Depth: _____

Well Location: _____

WELL BORE INFORMATION

Casing Size: _____

Wellbore Diameter: _____

Wellbore Length: _____

Wellbore Volume: _____

Wellbore Capacity: _____

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

DESCRIPTION	AMOUNT
<u>WELL TRAILER</u>	
<u>SET 4.5" CAST IRON BRIDGE PLUG AT 2100'</u>	
<u>DUMP 2 BAGS CEMENT ON PLUG</u>	
<u>PERFORATED 2 FOR CIRCULATING HOLES AT 300' IN 4.5" CASING</u>	
	<u>2875⁰⁰</u>
	<u>LESS 10%</u>
	<u>2587⁵⁰</u>

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. 2435
 Foreman Ed Strickler
 Camp Eureka KS

Date	Cust. ID #	Lease & Well Number	Section	Township	Range	County	State	
9-16-15	1102	Strickler sundance #8				Sumner	Ks	
Customer Endavour Energy Resources LP			Safety Meeting FD Chris A13M		Unit #	Driver	Unit #	Driver
Mailing Address P.O. Box 110					102	Chris		
City Delaware					112	Alan		
State OK					110	Alan B.		
Zip Code 74027								

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

Remarks: Safety meeting. Rig up to 4 1/2" casing. Break circulation w/ fresh water. Mixed 95 sks 60/40 Perm mix cement w/ 4% gel. Well fell back topped well off w/ 40 sks 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	1	Mileage	3.95	n/c
C203	135 sks	60/40 Perm mix cement	12.25	1721.25
C206	465"	4% gel	.20	93.00
C108P	5.8	ton mileage bulk tires	1.35	626.40
			Subtotal	3090.65
			7% Sales Tax	216.35
Authorization witnessed by <u>Gris Myers</u> Title <u>C. Rep.</u>			Total	3307.00

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.