



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

KANSAS CORPORATION COMMISSION 1266334
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



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

AMOUNT	DESCRIPTION
	MAST TRAILER
	SET 5.5" CAST IRON BRIDGE
	PLUG AT 3100'
	DUMP 2 SACKS CEMENT ON PLUG
	PERFORATED 2 HOLES AT 250'
	WITH 3.125" SLICK GUN IN 5.5"
	CASING
2975.00	
2975.00	

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

I certify that the services listed below have been performed to my satisfaction, that all zones performed were assigned by me, and all depths were checked and approved.

Customer Name: _____

Operator: _____

Operator	WILLIAM L. WILSON	Riggers	1 MEMBER	Top Of Cement	110' MINIMUM	Total Quantity	2 1/2	Purchase Order No.	
Casing Size	5.5"	Casing Weight		Casing Depth	350'	Type Fluid	OIL WATER	Well Name	W-1

WELL INFORMATION

Well Name and Number: ANDERSON-WOODS W-1

County: ST. ANNE

State: KANSAS

CUSTOMER INFORMATION

Customer Name: ENDEAVOR ENERGY SERVICES L.P.

Invoice Address: ENDEAVOR ENERGY SERVICES L.P.

Contact: MR GUS MCKELIS

Phone: _____

Fax: _____

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



Cement or Acid Field Report
Ticket No. 2541
Foreman Rick Ledford
Camp Eureka, KS

Date	Cust. ID #	Lease & Well Number	Section	Township	Range	County	State
9-15-15	1102	Anderson Woods #4	11	35	2E	Sumner	Ks
Customer <u>Endeavor Energy Resources</u>		Safety Meeting RL ES OG CP		Unit #	Driver	Unit #	Driver
Mailing Address <u>P.O. Box 840</u>				<u>102</u>	<u>Chris B.</u>		
City <u>Delaware</u>		State <u>OK</u>	Zip Code <u>74027</u>	<u>112</u>	<u>Dave G.</u>		
				<u>110</u>	<u>Ed S.</u>		

Job Type P.2.A Hole Depth _____ Slurry Vol. _____ Tubing 2 3/8"
 Casing Depth _____ Hole Size _____ Slurry Wt. 14# Drill Pipe _____
 Casing Size & Wt. _____ Cement Left in Casing _____ Water Gal/SK 7.0 Other _____
 Displacement _____ Displacement PSI _____ Bump Plug to _____ BPM _____

Remarks: Safety meeting - Rig up to 2 3/8" tubing @ 280' well perforated @ 250'. Break circulation w/ fresh water. Mixed 125 sks 60/40 Perm mix cement w/ 4% gel @ 14#/gal. lost circulation so decided to shut down & let sit overnight. Job complete. Rig down.

9-16-15 tapped well off w/ 115 sks 60/40 Perm mix w/ 4% gel

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 <u>3rd well of 3</u>	3.95	0/0
C203	125 sks	60/40 Perm mix cement	12.25	1593.75
C206	430#	4% gel	.20	86.00
C108 ⁰	10.32	tax mileage bulk T/F	1.35	1114.56
C203	115 sks	60/40 Perm mix cement	12.25	1466.25
C206	395#	4% gel	.20	79.00
			<u>7%</u>	
			Subtotal	4989.56
			Sales Tax	349.27
Authorization <u>W. Myers</u> Title <u>Co. Rep</u>			Total	5338.83

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.