



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

KANSAS CORPORATION COMMISSION 1274044
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



Every Project Is Personal

Pioneer Wireline Services, LLC

Service Order No.

1 - 49917

Phone: 785.625.3858

Fax: 785.625.8635

Date: 11-23-15

Client Info	Company <i>Chase/Pro</i>				Client Order # <i>162</i>	
	Billing Address			City	ST	Zip
Well Info	Lease & Well # <i>Rummy Mode R1-23</i>		Field Name		Legal Description (coordinates)	
	Nearest Town <i>Bob'sville</i>	County / Parish <i>Kenosha KS</i>	ST	Rig	Permit #	Price Zone
	Fluid <i>Water</i>	Level (surf.) <i>N/A</i>	Reading from	Customer T.D.	Pioneer T.D.	Casing Size <i>4.5</i>
Crew	Engineer <i>Keith Coleman</i>		Truck Driver <i>Mike King</i>		Crew Members	Unit # <i>4118</i>
						Miles

Product Code	Description	Q-ty	Unit Price	Depth		\$ Amount
				From	To	
10000	500 MCI Charge	180	2.700	-	-	2,220 ⁰⁰
15071	50 High Tool	180	8.400	✓	4863	2,400 ⁰⁰
15072	50 High Tool	180	2.600	-	-	2,600 ⁰⁰
15070	4.5" CCB	180	2.220	-	-	2,220 ⁰⁰
15021	Dump Barter	180	8.39	✓	4863	1,740 ⁰⁰
15022	Dump Barter	180	2.400	-	-	2,400 ⁰⁰

THE UNDERSIGNED HEREBY CERTIFIES THAT HE HAS FULL AUTHORITY TO ENTER INTO THIS CONTRACT ON BEHALF OF THE CLIENT AND AGREES TO THE TERMS AND CONDITIONS SET FORTH ON THE REVERSE SIDE HEREOF.

SUBTOTAL	<i>13,560⁰⁰</i>
DISCOUNT	
SUBTOTAL	<i>13,360⁰⁰</i>
TAX	
NET TOTAL	

Client Approval

Danny ...

Name Printed _____ Signature / Date _____

Pioneer Field Representative

Keith Coleman

Name Printed _____ Signature / Date _____

PIONEER OFFICE USE ONLY - Manager Approval

Name Printed _____ Signature / Date _____



Every Project Is Personal

Pioneer Wireline Services, LLC

Service Order No.

1 - 50695

Phone: 785.625.3858

Fax: 785.625.8635

Date: 12-7-15

Client Info	Company <i>Chesapeake</i>			Client Order # <i>000</i>			
	Billing Address			City	ST	Zip	
Well Info	Lease & Well # <i>Rouff Mound N-23</i>		Field Name		Legal Description (coordinates)		
	Nearest Town	County / Parish <i>Iowa</i>	ST <i>KS</i>	Rig	Permit #	Price Zone	
	Fluid	Level (surf.)	Reading from	Customer T.D.	Pioneer T.D.	Elevation	KB Elevation
Crew	Engineer <i>Eric Hume</i>		Truck Driver <i>Michael</i>		Crew Members <i>4</i>	Unit # <i>4</i>	Miles

Product Code	Description	Q-ty	Unit Price	Depth		\$ Amount
				From	To	
<i>10200</i>	<i>Truck #16</i>	<i>1</i>	<i>2200</i>			<i>2200</i>
<i>16000</i>	<i>16000</i>					
<i>16012</i>	<i>Free port</i>	<i>1</i>	<i>2700</i>			<i>2700</i>
<i>16117</i>	<i>Depth change</i>	<i>1</i>	<i>2700</i>			<i>2700</i>
<i>16302</i>	<i>2' gal + shoe</i>	<i>1</i>				<i>1800</i>
<i>16301</i>	<i>Depth change</i>	<i>1</i>	<i>6</i>	<i>2416</i>		<i>2280</i>

THE UNDERSIGNED HEREBY CERTIFIES THAT HE HAS FULL AUTHORITY TO ENTER INTO THIS CONTRACT ON BEHALF OF THE CLIENT AND AGREES TO THE TERMS AND CONDITIONS SET FORTH ON THE REVERSE SIDE HEREOF.

SUBTOTAL	<i>11680</i>
DISCOUNT	
SUBTOTAL	<i>11680</i>
TAX	
NET TOTAL	

Client Approval	
<i>Eric Hume</i>	<i>[Signature]</i>
Name Printed	Signature / Date

Pioneer Field Representative	
<i>Eric Hume</i>	<i>[Signature]</i>
Name Printed	Signature / Date

PIONEER OFFICE USE ONLY – Manager Approval	
Name Printed	Signature / Date