



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

KANSAS CORPORATION COMMISSION 1274254
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

LOG-TECH OF KANSAS, INC.

P.O. BOX 885
GREAT BEND, KANSAS 67530
(620) 792-2167

INVOICE

8654

Date 12-16-15

CHARGE TO: Juka-Carm; Development
 ADDRESS _____
 R/A SOURCE NO. _____ CUSTOMER ORDER NO. _____
 LEASE AND WELL NO. Bolen #1-10 FIELD _____
 NEAREST TOWN _____ COUNTY Pratt STATE KS
 SPOT LOCATION 1070' FSL + 330' FEL SEC. 10 TWP. 27S RANGE 12W
 ZERO 13' AGL CASING SIZE 4 1/2" WEIGHT _____
 CUSTOMER'S T.D. _____ LOG TECH N/A FLUID LEVEL Full
 ENGINEER Lee Bretz OPERATOR Heath Buehler

PERFORATING				
Description	No. Shots	Depth		Amount
		From	To	
<u>Cut 4 1/2" casing at 1602'</u>	1		1602	
				850 00

DEPTH AND OPERATIONS CHARGES						
Description	Depth		Total No. Ft.	Price Per Ft.	Amount	
	From	To				
<u>Set 4 1/2" WF CIBP DB-5 at 3940'</u>	0	3940	3940	.22	866	80
<u>Dump 2 sacks cement on plug</u>					180	00

MISCELLANEOUS		
Description	Quantity	Amount
Service Charge	1	550 00
<u>4 1/2" WF CIBP DB-5</u>	1	750 00

PRICES SUBJECT TO CORRECTION BY BILLING DEPARTMENT

RECEIVED THE ABOVE SERVICES ACCORDING TO THE TERMS AND CONDITIONS SPECIFIED ON THE REVERSE SIDE TO WHICH WE HEREBY AGREE.

Customer Signature _____ Date _____

Sub Total	3196 80
Code Ref. Tool Insurance	
..... Tax	(846 80)
	2350 00

QUALITY WELL SERVICE, INC.

Federal Tax I.D. # 481187368

6443

Home Office 324 Simpson St., Pratt, KS 67124

Office 620-727-3410
Fax 620-672-3663

Rich's Cell 620-727-3409
Brady's Cell 620-727-6964

Date	12 18 15	Sec.		Range		County	Pratt	State	KS	On Location	8:15 Am	Finish	10:45 Am
Lease	Bolen	Well No.	1-10		Location								
Contractor	Pratt Well					Owner	Ivka Carmichael						
Type Job	old Hole Plug					To Quality Well Service, Inc. You are hereby requested to rent cementing equipment and furnish cementer and helper to assist owner or contractor to do work as listed.							
Hole Size	7 7/8	T.D.											
Csg.	4 1/4	Depth	750'		Charge To	Ivka Carmichael							
Tbg. Size		Depth											
Tool		Depth											
Cement Left in Csg.		Shoe Joint	The above was done to satisfaction and supervision of owner agent or contractor.										
Meas Line		Displace	Fresh H ₂ O		Cement Amount Ordered	120 sy 60:40:4% gel + 2%							
EQUIPMENT													
Pumptrk	8	No.	Donak B		Common	cc & 10sx gel							
Bulktrk	10	No.	mike B		Poz. Mix	95							
Bulktrk		No.			Gel.	45							
Pickup		No.	Richard M		Calcium	14							
JOB SERVICES & REMARKS													
Rat Hole						Hulls	2						
Mouse Hole						Salt							
Centralizers						Flowseal							
Baskets						Kol-Seal							
D/V or Port Collar						Mud CLR 48							
Pipe at 750' load Hole w/ 10sx gel & water, Mix 50sx 60:40:4 cement, Displace w/ 8 Bbls Fresh, Pipe at 300' load Hole, Mix 40sx cement, Disp. w/ 2 Bbls Fresh, Pipe at 40', mix 30 sx cement did circ.					CFL-117 or CD110 CAF 38								
					Sand								
					Handling	134							
					Mileage	157							
FLOAT EQUIPMENT													
					Guide Shoe								
					Centralizer								
					Baskets								
					AFU Inserts								
					Float Shoe								
					Latch Down								
					LMV 15								
					Service Supervisor								
					Pumptrk Charge	PTA							
					Mileage	15 x 2							
										Tax			
										Discount			
										Total Charge			
X Signature	Kerith C. Yates												