



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

KANSAS CORPORATION COMMISSION 1315502
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

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



Cement or Acid Field Report

Ticket No. **2897**

Foreman Kevin McCoy

Camp _____

Date	Cust. ID #	Lease & Well Number	Section	Township	Range	County	State
8-24-16	1213	Cordes B1-21	21	345	28W	Meade	Ks
Customer <u>Eagle Creek Corporation</u>			Safety Meeting KM DG AG	Unit #	Driver	Unit #	Driver
Mailing Address <u>8100 E. 22ND ST. North, Bldg 1500</u>				105	DAVE G.		
City <u>Wichita</u>				112	ALLEN B.		
State <u>Ks</u>		Zip Code <u>67226</u>					

Job Type P.T.A. Hole Depth _____ Slurry Vol. _____ Tubing _____
 Casing Depth 4 1/2 @ 3288' Hole Size 7 7/8" Slurry Wt. _____ Drill Pipe _____
 Casing Size & Wt. _____ Cement Left in Casing _____ Water Gal/SK _____ Other _____
 Displacement _____ Displacement PSI _____ Bump Plug to _____ BPM _____

Remarks: SAFETY Meeting: CTRP Set @ 3145'. 2 Squeeze holes @ 1580'. Rig up to 4 1/2 casing. Pump 60 BBL Fresh water w/ NO Fluid Returns to SURFACE on ANNULUS of 4 1/2. Mixed 50 SKS 60/40 Pozmix Cement w/ 2% CaCl2, 2% Gel = 11 BBL Slurry. Displace Cement to 1260' w/ 20 BBL water. FINAL Pumping Pressure 100 PSI. Shut in @ 0 PSI. Shut in for 1 1/2 HRS. with Line Truck found Top of Fluid inside 4 1/2 @ 1130'. No Cement inside 4 1/2. Rig up to 4 1/2 casing. Pump 25 BBL water, Good Fluid Returns to SURFACE. Mixed 50 SKS Cement, Displace w/ 20 BBL water. FINAL Pumping Pressure 300 PSI. Shut in @ 50 PSI for 1 Hr. Shot 2 Squeeze holes @ 550'. Rig up to 4 1/2 casing. BREAK Circulation, Mixed 150 SKS 60/40 Pozmix Cement w/ 2% CaCl2, 2% Gel, Good Cement to SURFACE. Shut well in @ 0 PSI. Job Complete. Rig down.

Code	Qty or Units	Description of Product or Services	Unit Price	Total
C 105	1	Pump Charge	1050.00	1050.00
C 107	100	Mileage	3.95	395.00
C 203	250 SKS	60/40 Pozmix Cement	12.75	3187.50
C 205	430 #	CaCl2 2%	.60 #	258.00
C 206	430 #	Gel 2%	.20 #	86.00
C 108 A	10.75 TONS	Ton Mileage	M/C	900.00
<u>THANK YOU</u>			Sub Total	5876.50
			Less 5%	315.86
			Sales Tax	440.74
Authorization <u>Tom Ross</u> Title _____			7.5%	Total 6001.38

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.