



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

KANSAS CORPORATION COMMISSION 1319190
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

Elite Cementing & Acidizing of KS, LLC

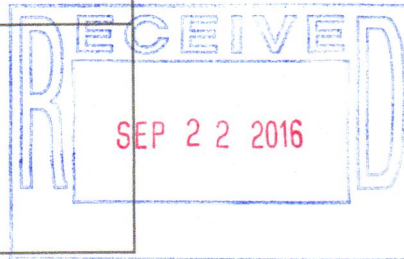
810 E 7th, PO Box 92
Eureka, KS 67045



RSW

Date	Invoice #
9/20/2016	2955

Bill To	
Trimble & Maclaskey Oil LLC PO Box 171 Gridley, KS 66852	
Customer ID#	1000



Job Date	9/19/2016
Lease Information	
Corkery #17	
County	Woodson
Foreman	RM

Item	Description	Qty	Rate	Amount
C105	Cement Pump-Plug (old well)	1	500.00	500.00T
C203	Pozmix Cement 60/40	95	12.75	1,211.25T
C206	Gel Bentonite	300	0.20	60.00T
C206	Gel Bentonite	200	0.20	40.00T
C108AT	Ton Mileage (min. charge)-taxable	1	345.00	345.00T
C113T	80 Bbl Vac Truck	2	85.00	170.00T
D101	Discount on Services		-50.75	-50.75T
D102	Discount on Materials		-65.57	-65.57T

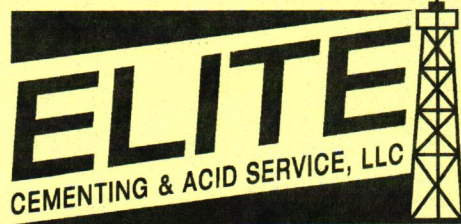
We appreciate your business!

Phone #	Fax #	E-mail
620-583-5561	620-583-5524	rene@elitecementing.com

Send payment to:
Elite Cementing & Acidizing of KS, LLC
PO Box 92
Eureka, KS 67045

Subtotal	\$2,209.93
Sales Tax (7.5%)	\$165.74
Total	\$2,375.67
Payments/Credits	\$0.00
Balance Due	\$2,375.67

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



Cement or Acid Field Report
 Ticket No. **2955**
 Foreman Russell McLOY
 Camp Eureka

Date	Cust. ID #	Lease & Well Number	Section	Township	Range	County	State
9-19-16	1,000	Corkery # 17				WOODSON	KS
Customer Trimble + MacInskay Oil			Unit #	Driver	Unit #	Driver	
Mailing Address P.O. Box 171			102	Russ			
City Gridley			110	AB			
State KS			145	DAVE			
Zip Code 66852							

Job Type P.T.A. Hole Depth _____ Slurry Vol. _____ Tubing 23/B
 Casing Depth _____ Hole Size UNKNOWN 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
Set Plugs 20 SK's (A) 1360
15 SK's (A) 570
60 SK's (A) 255
95 SK's TOTAL

NOTE Gel spacer Between Plugs

Code	Qty or Units	Description of Product or Services	Unit Price	Total
C-105-2	1	Pump Charge	500.00	500.00
		Mileage	N.C.	-
C-203	95	SK's 60/40 Permox	12.75	1211.25
C-206	300 [#]	Gel = 4%	.20	60.00
C-206	200 [#]	Gel SPACER	.20	40.00
C-108		Tow Mileage	M/C	345.00
C-113	2 hr	80 Bbl UAC TRUCK	85.00	170.00
<div style="border: 1px solid black; border-radius: 50%; padding: 10px; width: fit-content; margin: 0 auto;"> 590 < 125.05 > \$ 2315.67 </div>				
			SubTOTAL	2,326.25
			Sales Tax	174.41

Authorization by Brian MacInskay Title CO/Rep Total 2500.12

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.