



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

KANSAS CORPORATION COMMISSION 1324005  
 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**

**STATEMENT**

12573

**ELMORE'S INC.**

Box 87 - 776 HWY 99  
 Sedan, KS 67361  
 Cell: (620) 249-2519  
 Eve: (620) 725-5538

Date 11-29-16

Customer Kansas Energy  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Qty.	Description	Price	Amount
3	hr Pulling Unit	120.00	360.00
2	hr Cement Pump	110.00	220.00
3	hr Water Truck	85.00	170.00
360'	1" Tubin	.10	36.00
1	Bauk Tank	85.00	85.00
37	sks Cement	12.00	444.00
			1315.00
	Plug Job Newcomb #1	Tax	111.78
	Ran 1" To 360' Hit	\$	142.678
	Cement Cemented To Surface With 37 sks Cement.		

*Thank You - We appreciate your business!*

Rec'd. by \_\_\_\_\_

TERMS: Account due upon receipt of services. A 1 1/2% Service Charge, which is an annual percentage rate of 18% will be charged to accounts after 30 days.





**CONSOLIDATED**  
**INDUSTRIAL**  
**SERVICES**  
 AN INFINITY COMPANY

211 W. 14th, P.O. Box 884 Chanute, KS 66720 • 316/431-9210 • 1-800/467-8676

INVOICE DATE	INVOICE NO.
08/31/95	00148052

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J. B. D. & P. J. BUCK  
304 E. MAIN  
SEDAN KS 67361

TERMS: Net 30 Days  
 A Finance Charge computed at 1% per month (annual percentage rate of 12%) will be added to balances over 30 days.

PLEASE REFER TO THIS ACCOUNT NUMBER WHEN MAKING INQUIRIES

ACCOUNT NO.	P.O. NO.	LOCATION	LEASE AND WELL NO.	DATE OF JOB	JOB TICKET NO.				
				08/25/1995	5409				
ITEM NUMBER			DESCRIPTION	UNITS	UNIT PRICE	UNIT MEAS		EXTENDED PRICE	
5405A			P&A OLD WELLS	1.0000	375.0000	EA		375.00	
1118			PREMIUM GEL	4.0000	8.0000	SG		32.00	
5407			BULK CEMENT DELIVERY/MIN BULK DEL	1.0000	75.0000	EA		75.00	
5502			80 BBL VACUUM TRUCK	2.0000	48.0000	HR		96.00	
1124			50/50 POZ CEMENT MIX	30.0000	6.3500	SG		190.50	
GROSS INVOICE		TAX		REMITTANCE COPY				PLEASE PAY	
768.50		12.24						780.74	

*Thank You!*

CONSOLIDATED INDUSTRIAL SERVICES, INC.  
 211 W. 14TH STREET, CHANUTE, KS 66720  
 316-431-9210 or 800-467-8676

TICKET NUMBER **3853**

LOCATION Earlsboro

FOREMAN Steve Finny

TREATMENT REPORT

DATE	CUSTOMER ACCT # <u>4891</u>	WELL NAME <u>North Hancock #1</u>	QTR/QTR	SECTION	TWP	RGE	COUNTY <u>CO</u>	FORMATION
CHARGE TO <u>JBD</u>				OWNER				
MAILING ADDRESS <u>304 E. Main</u>				OPERATOR				
CITY <u>Sedan</u>				CONTRACTOR				
STATE <u>KS</u>		ZIP CODE <u>67361</u>		DISTANCE TO LOCATION				
TIME ARRIVED ON LOCATION				TIME LEFT LOCATION				

WELL DATA	
HOLE SIZE	
TOTAL DEPTH	
CASING SIZE <u>4 1/2</u>	
CASING DEPTH <u>1120</u>	
CASING WEIGHT	
CASING CONDITION	
TUBING SIZE	
TUBING DEPTH	
TUBING WEIGHT	
TUBING CONDITION	
PACKER DEPTH	
PERFORATIONS <u>1120</u>	
SHOTS/FT	
OPEN HOLE	
TREATMENT VIA	

TYPE OF TREATMENT	
<input type="checkbox"/> SURFACE PIPE	<input type="checkbox"/> ACID BREAKDOWN
<input type="checkbox"/> PRODUCTION CASING	<input type="checkbox"/> ACID STIMULATION
<input type="checkbox"/> SQUEEZE CEMENT	<input type="checkbox"/> ACID SPOTTING
<input checked="" type="checkbox"/> PLUG & ABANDON	<input type="checkbox"/> FRAC
<input type="checkbox"/> PLUG BACK	<input type="checkbox"/> FRAC + NITROGEN
<input type="checkbox"/> MISC PUMP	<input type="checkbox"/> FOAM FRAC
<input type="checkbox"/> OTHER	<input type="checkbox"/> NITROGEN

PRESSURE LIMITATIONS		
	THEORETICAL	INSTRUCTED
SURFACE PIPE		
ANNULUS LONG STRING		
TUBING		

INSTRUCTIONS PRIOR TO JOB Set a 50' Plug @ 1120, Gel to 350, Cement 350 to Surface

DESCRIPTION OF JOB EVENTS Pump well to collapse rate pump 950' Cement, 12.5 gal, 4500' Cement  
(Pumped Cement when cement hit formation pressure came eye shut well in)

PRESSURE SUMMARY	
BREAKDOWN or CIRCULATING	psi
FINAL DISPLACEMENT	psi
ANNULUS	psi
MAXIMUM	<u>950</u> psi
MINIMUM	<u>30</u> psi
AVERAGE	<u>100</u> psi
ISIP	<u>300</u> psi
5 MIN SIP	psi
15 MIN SIP	psi

TREATMENT RATE	
BREAKDOWN BPM	
INITIAL BPM	<u>4</u>
FINAL BPM	<u>4</u>
MINIMUM BPM	<u>4</u>
MAXIMUM BPM	<u>4</u>
AVERAGE BPM	<u>4</u>
HYD HHP = RATE x PRESSURE x 40.8	

AUTHORIZATION TO PROCEED \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_