



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

KANSAS CORPORATION COMMISSION 1325269
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

Received 21 December 2016

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



Cement or Acid Field Report
 Ticket No. **3092**
 Foreman KEVIN MCCOY
 Camp EUREKA

Date	Cust. ID #	Lease & Well Number	Section	Township	Range	County	State
12-20-16	1008	HULL #1	35	25 S	8 E	Gw	Ks
Customer			Unit #	Driver	Unit #	Driver	
JACKSON BROTHERS, LLC			105	DAVE G.			
Mailing Address			112	KEVIN M.			
116 E. 3 RD			145	ALAN M.			
City			120 P.U.	GARY M.			
EUREKA		State					
		Ks					
Zip Code							
67045							

Job Type P.T.A. old well Hole Depth _____ Slurry Vol. 24 BBL Tubing 2 3/8"
 Casing Depth _____ Hole Size 6-3/4" Slurry Wt. 13.9 * 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: 4 1/2 CASING PERFORATED @ 1185' & @ 250' BY CORNISH WIRE LINE.
RAN 2 3/8" TUBING TO 1200'. RIG UP TO 2 3/8 TUBING, PUMP 12 BBL GEL SPACER, SPOT 20 SKS 60/40
POZMIX CEMENT W/ 4% GEL @ 1200'. PULL 2 3/8 TUBING. RIG UP TO 4 1/2 CASING. BREAK CIRCULATION W/
FRESH WATER. MIXED 75 SKS 60/40 POZMIX CEMENT W/ 4% GEL. GOOD CEMENT TO SURFACE FROM
250' TO SURFACE ON 4 1/2 ID & 4 1/2 ANNULUS. JOB COMPLETE. RIG DOWN.

Code	Qty or Units	Description of Product or Services	Unit Price	Total
C 105	1	Pump Charge	750.00	750.00
C 107	15	Mileage	3.95	59.25
C 203	95 SKS	60/40 Pozmix Cement	12.75	1211.25
C 206	325 *	Gel 4%	.20 *	65.00
C 206	300 *	Gel Spacer	.20 *	60.00
C 108 A	4.09 TONS	TON Mileage	M/C	345.00
C 113	2 HRS	80 BBL VAC TRUCK	85.00	170.00
C 224	3000 GALS	CITY WATER	10.00/1000	30.00
			Sub Total	2690.50
			Less 5%	144.61
			7.5% Sales Tax	201.79
			Total	2747.68 OK

THANK YOU
 M

Authorization Rosevelt Jackson II Title CO-MANAGER

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.