

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

KANSAS CORPORATION COMMISSION 1358083
 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



PRESSURE PUMPING

PO BOX 884, Chanute, KS 66720
620-431-9210 or 800-467-8676

8701/8259

TICKET NUMBER 53354

LOCATION Eldorado KS

FOREMAN Jeremy

WELL TICKET & TREATMENT REPORT
CEMENT

INVOICE # 810502

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
6-14-17	7665	Wight #12	2	19S	4E	marion
CUSTOMER			TRUCK #	DRIVER	TRUCK #	DRIVER
SHAWMAR Oil & Gas			866 /	Jeremy /		
MAILING ADDRESS			780 /	Chris /		
P.O. Box 9			713 /	DS		
CITY	STATE	ZIP CODE				
marion	KS	66861				

JOB TYPE Plug B HOLE SIZE 2 3/8 HOLE DEPTH CASING SIZE & WEIGHT 4 1/2
 CASING DEPTH DRILL PIPE TUBING 2 3/8 OTHER
 SLURRY WEIGHT SLURRY VOL WATER gal/sk CEMENT LEFT IN CASING
 DISPLACEMENT DISPLACEMENT PSI MIX PSI RATE

REMARKS: Staff meeting looked up to 2 3/8 tubing that set @ 1990' then broke
 circulation then pumped 35 sks 2% CC Cement displaced 1 bbl water pulled
 tubing - pulled 300' of casing ran in tubing to 250' cement to
 surface hole starting fill

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
CE0451	1	PUMP CHARGE	1900.00	1900.00
CE0002	45	MILEAGE	7.15	321.75
CE0711	1	min bulk delivery	660.00	660.00
CC5800A	161	Class A Cement	20.00	3220.00
CC5325	150	Calcium Chloride	1.25	187.50
CC6080	120	Cotton Seed Hulls	0.50	60.00
		Subtotal	=	6349.25
		Discount	45.76	2957.16
		Total		3492.09
		SALES TAX		157.57
		ESTIMATED TOTAL		3649.66

Rev'n 3737

AUTHORIZATION _____ TITLE _____

DATE _____

I acknowledge that the payment terms, unless specifically amended in writing on the front of the form or in the customer's account records, at our office, and conditions of service on the back of this form are in effect for services identified on this form.

FIELD WORK ORDER, INVOICE AND CONTRACT



2186

Complete Cased Hole Services

P.O. Box 105 • El Dorado, KS 67042 • (316) 321-4500

Date <u>6-9-17 + 6-14</u>	Charge To: <u>SHANNAR OIL & GAS INC.</u>	Lease and Well No. <u>Wright #12</u>
Operator <u>SULLIVAN</u>	Address <u>P.O. Box 9</u>	Field
Customer's T.D. <u>1900'</u>	City & State <u>Marion, KS 66861-0009</u>	Legal Description <u>NW-SE-NW</u>
T.D. <u>1902'</u>	Fluid Level <u>Full</u>	Casing Size <u>4 1/2" 2 3/8"</u>
Zero <u>Top 2 3/8" Tubing</u>	Type Fluid in Hole <u>WATER</u>	Casing Wt.
	Elevation	Casing Depth <u>2403 2000?</u>
		Sec. <u>1</u> Twp. <u>19S</u> Rng. <u>4E</u>
		County <u>MARION</u>
		State <u>KANSAS</u>

- The authorized agent and representative of the owner agrees to the following general terms and conditions of services to be rendered or which have been rendered:
- (1) All accounts are due and must be paid within 30 days from the date of services of Dyna-Log, Inc., and should these terms not be observed, interest at the rate of 18% per annum will be charged from the date of the services.
 - (2) Because of the uncertain conditions and hazards existing in a well which are beyond the control of Dyna-Log, Inc., it is understood and agreed by the parties hereto that Dyna-Log, Inc. cannot guarantee the results of its efforts and its services and will not be held responsible for personal or property damage in the performance of its services.
 - (3) Should any Dyna-Log, Inc. instruments or equipment be lost or damaged in the performance of the operations requested, the customer agrees to make every reasonable effort to recover the same, and to reimburse Dyna-Log, Inc. for the value of the items which cannot be recovered, or the cost of repairing damage to items recovered.
 - (4) The customer certifies that he has the full right and authority to order such work on such well and that the well in which the work is to be performed by Dyna-Log, Inc. is in proper and suitable condition for the performance of said work and that Dyna-Log, Inc. is merely working under the directions of the customer.
 - (5) The customer agrees to pay any and all taxes, fees and charges placed on services rendered by Dyna-Log, Inc. by governmental requirements including city, county, state and federal taxes and fees or reimburse Dyna-Log, Inc. for such taxes and fees paid to said agencies.
 - (6) No employee is authorized to alter the terms or conditions of this agreement between Dyna-Log, Inc. and the customer.
 - (7) I certify that the services have been performed by Dyna-Log, Inc. under my directions and control, and that all zones perforated were designed by me and all depth measurements were checked and approved.
 - (8) It is further stipulated and agreed to between the parties hereto that this agreement shall not become effective until the same is approved by Dyna-Log, Inc. in Sedgwick County, Kansas, and that the venue of any action, either in law or equity to enforce the terms of the same is agreed by the parties hereto to be in Sedgwick County, Kansas.

Dated, this _____ day of _____

CUSTOMER	AUTHORIZED AGENT AND REPRESENTATIVE Dyna-Log, Inc.	OFFICER
WORK PERFORMED	PRICING	
Perforated With <u>CUTTER - 1689-409</u> as Follows:	SET UP: <u>Two Trips</u>	\$ <u>1200.00</u>
From ft. to ft., <u>1895</u> Shots	PERFORATING:	
	1st _____ Shots	\$
From ft. to ft., <u>C</u> Shots	Next _____ Shots @ \$ _____ Ea.	\$
From ft. to ft., _____ Shots	Next _____ Shots @ \$ _____ Ea.	\$
From ft. to ft., _____ Shots	LOGGING:	
	Logging Chg. _____ ft. @ \$ _____ ft.	\$
From ft. to ft., _____ Shots	<u>Cut Tubing @ 1895</u>	\$ <u>1500.00</u>
From ft. to ft., _____ Shots	BRIDGE PLUG:	
	Type _____ Depth _____	\$
<u>Tubing CCL 1869'</u>	CEMENT LOCATOR SURVEY:	\$
<u>Run 1 1/16 Tubing Cutter</u>		
	SUB TOTAL	\$ <u>2700.00</u>
	TAX	\$ <u>93.00</u>
	TOTAL	\$ <u>2793.00</u>