

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

KANSAS CORPORATION COMMISSION 1360086
 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

RES

PRESSURE PUMPING

800-431-9210 or 800-467-8676

8454
5350

TICKET NUMBER 53352
LOCATION Eldorado
FOREMAN Jeremy

ELD TICKET & TREATMENT REPORT CEMENT

INVOICE # 810514

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
6-27-17	3628	HUXMAN #12	29	225	1W	McPherson
CUSTOMER			TRUCK #	DRIVER	TRUCK #	DRIVER
Hess oil			8661	Jeremy A		
MAILING ADDRESS			446	Jeremy M		
P.O. Box 1009			775	Sube		
CITY	STATE	ZIP CODE				
McPherson	KS	67460				

JOB TYPE Plug B HOLE SIZE _____ HOLE DEPTH _____ CASING SIZE & WEIGHT 5 1/2

CASING DEPTH 230' DRILL PIPE _____ TUBING _____ OTHER _____

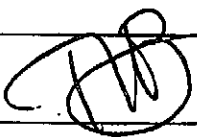
SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk 6 CEMENT LEFT in CASING _____

DISPLACEMENT _____ DISPLACEMENT PSI _____ MIX PSI _____ RATE _____

REMARKS: Softly meeting to ball headed 5 1/2 casing then broke circulation then pumped 130 sls Got cement to surface hole very slowly dropped was on baby seat by company man filled collar with cement to keep pipe full

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
CE0450	1	PUMP CHARGE	1500.00	1500.00
CE0002	53	MILEAGE	7.15	378.95
CE0711	1	min Bulk delivery	660.00	660.00
CC5829	130	60/40 4% 60/40 4%	16.00	2080.00
		Subtotal	=	4618.95
		Discount	45%	2078.52
		Total		= 91.52
		SALES TAX		2540.42
		ESTIMATED TOTAL		2631.94

Ravin 3737

AUTHORIZATION 

TITLE prod supt.

DATE 6-27-17

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.

"Transit Mixed Concrete"
BUILDERS CONCRETE AND SUPPLY, INC.

505 W. 1st, P.O. Box 225
 Newton, KS 67114

Phone (316) 283-4540

Huxman #12

IMPORTANT
 We cannot be held responsible for damage caused by our trucks when delivering material beyond the curb line. Not responsible for quality of concrete if water is added by purchaser.

CAUTION: Freshly mixed cement, mortar, grout or concrete may cause skin irritation. Avoid direct contact where possible and wash exposed skin areas promptly with water. If any cementitious material gets into the eye, rinse immediately and repeatedly with water and get prompt medical attention.

KEEP OUT OF REACH OF CHILDREN
 EXTRA CHARGE FOR EXCESS UNLOADING TIME

SIGN HERE

RECEIVED ALL MATERIAL IN GOOD CONDITION

05 H50180WG 2.25 yd 17
 PLANT MIX NO. YARDS TRUCK TEMPERATURE TIME 9:31 DATE 6/28/17 TICKET 521844

CUSTOMER NAME: OIL COMPANY
 2080 E KANSAS AVE
 MCPHERSON KS 67460

DELIVERY ADDRESS: 26TH AVE N TO ARROWHEAD
 GO W 1/2 MI S/S/R, HAPPY
 HOLLOW FARMS

CUST. PO NO. NOTES

SLUMP	DESCRIPTION	YARDS ORDERED	YARDS DELIVERED	LOADS DELIVERED
8.00 in	50180WG	2.25	2.25	1
QUANTITY	ITEM	PRICE	AMOUNT	
2.25 yd	H50180WG			
1.00 ea	SURCHARG			
	MIN. LOAD-			

Thank you!

This concrete is designed in accordance with ACI standards. Mix strengths noted on orders/invoices indicate cylinder strengths of previous mixes, cured in labs or approved curing conditions whose slump does not exceed 4". These cylinders were prepared/tested by qualified technicians. Any water added to this design will be at purchaser's risk.

All claims and returned goods must be accompanied by this bill. All accounts due and payable 10th of following month. All accounts not paid in 30 days, interest charge 1 1/2% per month. (An Annual Percentage Rate 18%.)

Extra water added 0.05 Gals.

MDSE. TOTAL	
SALES TAX	
TOTAL AMT. DUE	

Newrat's - Emporia, KS