

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

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

1360280

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.

(Print Name) ☐ Employee of Operator or ☐ Operator on above-described well,

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

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

A# 15-073-19877



Cement or Acid Field Report
Ticket No. **3433**
Foreman Steve Head
Camp Eureka, KS

Date	Cust. ID #	Lease & Well Number	Section	Township	Range	County	State	
7-13-17	1000	Young #1 old	10	235	13E	Greenwood	KS	
Customer <u>Trimble & MacLasky Oil LLC</u>			Safety Meeting		Unit #	Driver	Unit #	Driver
Mailing Address <u>P.O. Box 121</u>					104	Alan M.		
City <u>Gridley</u>					112	Tyson H.		
State <u>Ks</u>					141	Kevin M.		
Zip Code <u>66853</u>								

Job Type PTA - Old Well Hole Depth _____ Slurry Vol. _____ Tubing 2 3/8 1577'
Casing Depth _____ Hole Size _____ Slurry Wt. _____ Drill Pipe _____
Casing Size & Wt. 5 1/2 Cement Left in Casing _____ Water Gal/SK _____ Other _____
Displacement _____ Displacement PSI _____ Bump Plug to _____ BPM _____

Remarks: Safety Meeting: Rig up to 2 3/8 Tubing. Break circulation w/fresh water.
Pump 300* Gal w/ 4 1/2" Spd 15 SKS AT 1577'
15 SKS AT 861'
25 SKS 24670 Surface Top well off.
Total 55 SKS 60/40 P2 mix 4% Gel

Job Complete

Thank you

Code	Qty or Units	Description of Product or Services	Unit Price	Total
C105	1	Pump Charge	750.00	750.00
C107	30	Mileage	3.95	118.50
C203	55 SKS	60/40 P2 mix Cement	12.75	701.25
C206	190*	Gal 420	.20	38.00
C206	300*	Gal Flush	.20	60.00
C214	45*	Hulls	1.45	20.25
C113	3 hrs	80 bbl vac Trucks	85.00	255.00
C224	3000 gal	CIT water	10.00/1000	30.00
<div>690 <106.05> \$ 8014.93</div>			Sub Total	1973.00
			Sales Tax	147.98
Authorization <u>Witness by Brian</u> Title <u>Co Rep</u>			Total	2120.98

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.



Invoice #61854

Invoice Date: 07/11/2017

P.O. DRAWER H
CHANUTE, KS 66720

(620) 431-9308

Bill To:

TRIMBLE & MACLASKEY OIL, LLC
BOX 171
GRIDLEY, KANSAS 66852

Date	Description	Hours/Qty	Amount
7/10/2017	SCHINDLER #3 GREENWOOD COUNTY, KANSAS PERFORATED TO PLUG WITH 2-1/8" STEEL SHOTS 2 SHOTS AT 850' 2 SHOTS AT 250'		500.00
7/10/2017	YOUNG #1 OLD GREENWOOD COUNTY, KANSAS PERFORATED TO PLUG WITH 2-1/8" STEEL SHOTS 2 SHOTS AT 850' 2 SHOTS AT 250'		500.00
7/10/2017	YOUNG #2 OLD GREENWOOD COUNTY, KANSAS PERFORATED TO PLUG WITH 2-1/8" STEEL SHOTS 2 SHOTS AT 850' 2 SHOTS AT 250'		500.00

THANK YOU. WE APPRECIATE YOUR BUSINESS!!

Total \$1,500.00

TERMS: All invoices are due in full 30 days after Invoice date. A FINANCE
CHARGE of 1-3/4% (21% per annum) will be assessed after 30 days.

Balance Due \$1,500.00