**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

#### 1362828

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 #:			API No. 1	5			
Name:			Spot Des	scription:			
Address 1:				Sec	Twp S. R	East West	
Address 2:				Feet from	n North / Sou	uth Line of Section	
City:	State:	Zip:+		Feet from East / West Line of Section			
Contact Person:			Footages	Footages Calculated from Nearest Outside Section Corner:			
Phone: ( )				NE NW	SE SW		
Type of Well: (Check one)	Oil Well Gas Well	OG D&A Cathod	ic County:				
Water Supply Well	Other: [	SWD Permit #:			Well #:		
ENHR Permit #:	Gas S	torage Permit #:					
s ACO-1 filed? Yes	No If not, is w	ell log attached? Yes	1		proved on:		
Producing Formation(s): List	All (If needed attach anoth	er sheet)	by:		(KCC <b>Di</b> :	strict Agent's Name)	
Depth	to Top: Bot	tom: T.D	Plugging	Commenced:			
Depth	to Top: Bot	tom: T.D	""				
Depth	to Top: Bot	tom:T.D		Completed.			
Show depth and thickness o	f all water, oil and gas forr	nations.					
Oil, Gas or Wate	er Records		Casing Record (Sur	face, Conductor & Prod	luction)		
Formation	Content	Casing	Size	Setting Depth	Pulled Out		
		gged, indicating where the mud of same depth placed from (bot	•		iods used in introducing	g it into the hole. If	
Plugging Contractor License #: Name							
Address 1:			Address 2:				
City:			State:		Zip:	+	
Phone: ( )							
Name of Party Responsible	for Plugging Fees:						
	00 0						
State of	County,						

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.

(Print Name)



PRESSURE PUMPING LLC
PO Box 884, Chanute, KS 66720
620-431-9210 or 800-467-8676

# LOCATION FIDOLADO FOREMAN Brad Butter

TOTAL

## FIELD TICKET & TREATMENT REPORT CEMENT

DATE	CUSTOMER#	WELL NAME & NUI	MBER	SECTION	TOWNSHIP	RANGE	COUNTY
8.8.17 CUSTOMER .		Lips " 2.35"	-	<u>35</u>	183 .	6E	Chase
MAILING ADDRE	ANIMAE OIL	1 Gas		TRUCK#	DRIVER	TRUCK#	DRIVER
MAILING ADDRE	:55	:	-	603	Tracy		BRIVERY
CITY	- (	STATE ZIP CODE	- 2.	523	Acten		
)o	· · · · · · · · · · · · · · · · · · ·			707	B-nei *	<u> </u>	*
JOB TYPE P		HOLE SIZE	 HOLE DEPTH		CASING SIZE & WE	IGHT 42°	<u></u>
		DRILL PIPE				THER CIST	at 875
SLURRY WEIGHT	_	SLURRY VOL	WATER gal/sk		CEMENT LEFT in C		
DISPLACEMENT_		DISPLACEMENT PSI	MIX PSI		DATE		
REMARKS:	ety Meeting:	RAW 275 Taking ME	211 AND TA	god Br. 5 81	25 Risunt 7	Tielder endel	brek
- Aller Control	activity 1880 EVAL	T. MICK CEMENT FIRE	22 how soul	6 - 10 - 10 State 3.	40 / mile 1 . 3 17	7731 1	
ERISE AND TRUE SON	CL WATERNAME	2 AGO ALL COMMENT TILL.	Les Lad card	Acres 60 & Frances	DUTI	a. Tol 42011	,
) HAR CAS	45 4 WITH P.	mat. (mixed of 5 Elle)	J <sub>0</sub>	& COMPLEX - 7	rar douse		
NOTE: 41/5" C	Asma Physid	Solid Sion 875 7 Si	wfore:				
		and the second s	"Thank	Vou"			

ACCOUNT CODE	QUANITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
CE 0450		PUMP CHARGE		
CEODOZ	50	MILEAGE	1,500.00	1500.00
CE 000/	.50	P.U. mileas	7.15	357,50
CE 07/1	m/c	Bulk Truck Charge	300	150.00
		to the transe	660.00	660,00
CC5829	103 SIEKE	60/40 Porme conet w/ 42 Gol	16,00	1648.00
	7/1 - 4%		-	1076.
	15.5		- **	4315,50
			<del>                                     </del>	1313.30
		45%	Discourt	- 1941.97
			4 Stouri	-171.17
3			·	
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		**.	<del> </del>	<u> </u>
			<u> </u>	
			<del>                                     </del>	
			<del>                                     </del>	
0707	3	7.5%	SALES TAX	67.98
vin 3737			ESTIMATED	<u>6/./0</u>

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.