

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

KANSAS CORPORATION COMMISSION 1363425
 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



REMIT TO
 QES Pressure Pumping LLC
 Dept:970
 P.O.Box 4346
 Houston, TX 77210-4346

OK # 19659

MAIN OFFICE

P.O.Box884
 Chanute,KS 66720
 620/431-9210,1-800/467-8676
 Fax 620/431-0012

Invoice Invoice# 810844

Invoice Date: 07/28/17 Terms: Net 30 Page 1

ANSTINE & MUSGROVE OIL CO

P.O. BOX 391
 PONCA CITY OK 74602
 USA
 5807626355

SHENEMAN #1

Wilson pool

Part No	Description	Quantity	Unit Price	Discount(%)	Total
CE0450	Cement Pump Charge 0 - 1500'	1.000	1,500.0000	45.000	825.00
CE0002	Equipment Mileage Charge - Heavy Equipment	60.000	7.1500	45.000	235.95
CE0711	Minimum Cement Delivery Charge	1.000	660.0000	45.000	363.00
CC5829	Lite-Weight Blend V (60:40:4)	160.000	16.0000	45.000	1,408.00
CC5325	Calcium Chloride	100.000	1.2500	45.000	68.75
CC6080	Cottonseed Hulls	40.000	0.5000	45.000	11.00
Subtotal					5,294.00
Discounted Amount					2,382.30
SubTotal After Discount					2,911.70
Amount Due 5,476.59 If paid after 08/27/17					

Tax: 100.42

Total: 3,012.12

OK
DA



PRESSURE PUMPING LLC

P.O. Box 884

Chanute, KS 66720

620-431-9210 or 800-467-8676

8077 / 8572

TICKET NUMBER 53344

LOCATION Eldorado KS

FOREMAN Jeremy Austin

FIELD TICKET & TREATMENT REPORT
CEMENT

Invoice # 810844

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
7-26-17	1098	Sheneman #1	8	335	6E	Cowley
CUSTOMER ANStine and MESSROVE						
MAILING ADDRESS PO Box 381			TRUCK #	DRIVER	TRUCK #	DRIVER
CITY Ponca city			866	Jeremy		
STATE OK			603	Tracy		
ZIP CODE 74602			667	Jude		

JOB TYPE Plug B HOLE SIZE _____ HOLE DEPTH _____ CASING SIZE & WEIGHT 4 1/2 - 3004'
 CASING DEPTH _____ DRILL PIPE _____ TUBING 2 7/8 OTHER _____
 SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING _____
 DISPLACEMENT _____ DISPLACEMENT PSI _____ MIX PSI _____ RATE _____

REMARKS: Safety meeting ran tubing to 3004' hooked up to tubing then pumped 35' SKS bottom plug set for 1 1/2 hrs ran wire line tagged cement @ 2509' perf's shot @ 350' ran tubing to 352' then pumped cement to surface pulled tubing topped hole off with cement

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
CE0450	1	PUMP CHARGE	1500.00	1500.00
CE0002	60	MILEAGE	7.15	429.00
CE0711	13221	min BULK delivery	660.00	660.00
CC5829	160	60/40 490	16.00	2560.00
CC5325	100	Calcium Chloride	1.25	125.00
CC6080	40	Cotton Seed Hulls	.50	20.00
		<u>Subtotal</u>		<u>5294.00</u>
		<u>Discount</u>	<u>45%</u>	<u>2382.30</u>
		<u>Total</u>		<u>= 100.42</u>

Ravin 3737 AUTHORIZATION [Signature] TITLE _____ DATE _____ SALES TAX ESTIMATED TOTAL 2911.50 3012.12

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.