

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

KANSAS CORPORATION COMMISSION **1365849**
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.

 (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



Liberal Yard #1717 - Phone 620-624-2277 - 1700 S. Country Estates Road, Liberal KS 67901

PRESSURE PUMPING

Job Log

Customer:	Stelbar	Cement Pump No.:	38119-19570 5 HRS	Operator TRK No.:	78939
Address:		Ticket #:	1718-14495 L	Bulk TRK No.:	14355-37224
City, State, Zip:		Job Type:	Z41 - Cement Plug to Abandon		
Service District:		Well Type:	OIL		
Well Name and No.:	Ellis 1-12	Well Location:		County:	Scott
				State:	Ks

Type of Cmt	Sacks	Additives	Truck Loaded On		
60/40 POZ	255		14355-37224	Front	Back
				Front	Back
				Front	Back

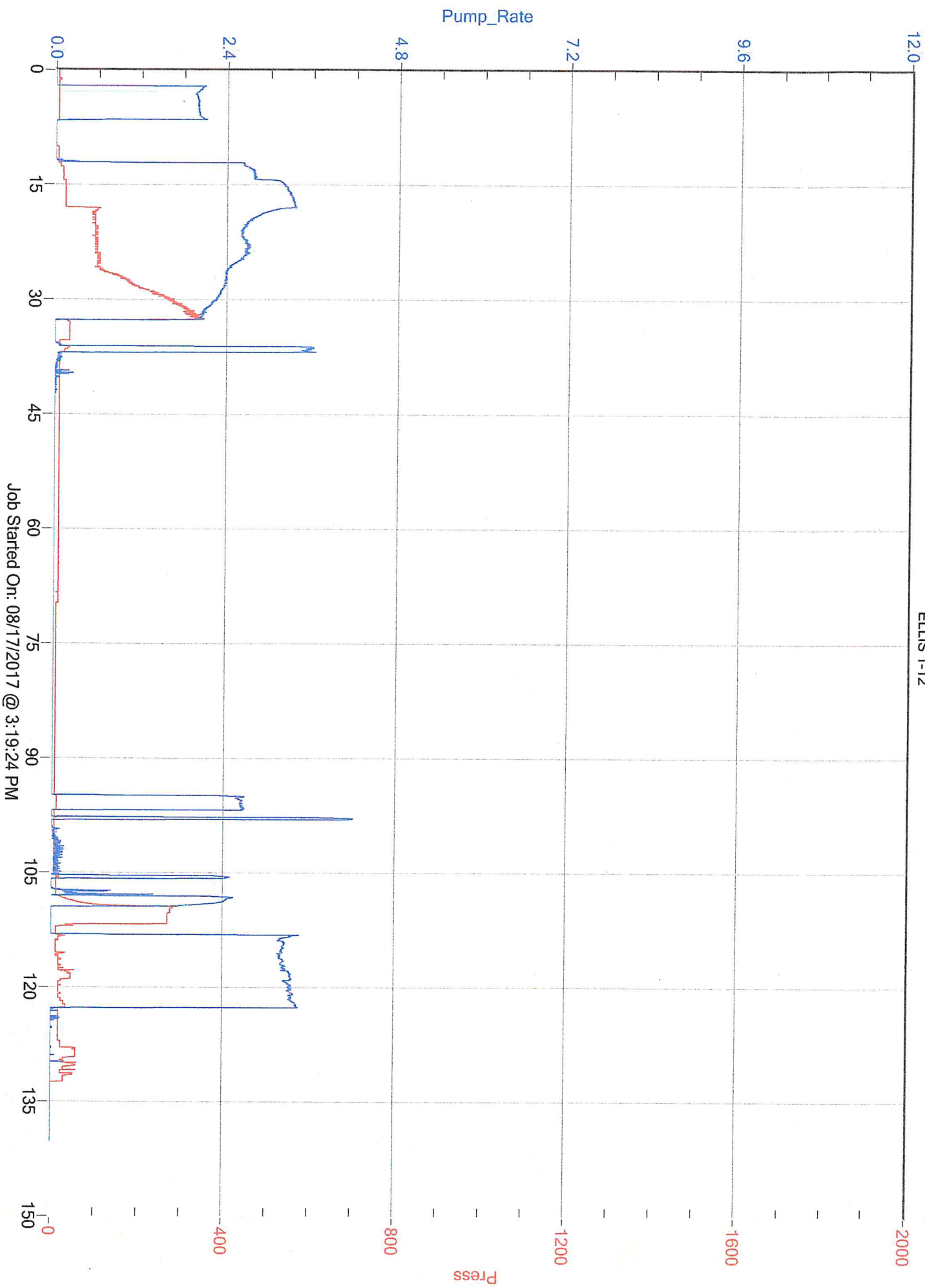
Lead/Tail:	Weight #1 Gal.	Cu/Ft/sk	Water Requirements	CU. FT.	Man Hours / Personnel	
Lead:	13.5	1.5	7.5	382.5	Man Hours:	35
Tail:					# of Men on Job:	3

Time (am/pm)	BPM	Volume (BBLS)	Pumps		Pressure(PSI)		Description of Operation and Materials
			T	C	Tubing	Casing	
13:30							ON LOC, SAFTEY MTG, R.U.
15:15	2	11					EST CIRC
3:21 PM	3	57					MIX 215 SX @13.5#
3:50 PM							SHUT DOWN, TOO H
4:52 PM		5					TOP OFF CASING
17:05		5			250		PUMP DOWN SURFACE
							WASHUP
							WASHUP RIG AND TUBING
							JOB COMPLETE
							THANK YOU FOR YOUR BUSINESS!!!!

Size Hole		Depth			TYPE	
Size & Wt. Csg.	5 1/2 15.5	Depth		New / Used	Packer	Depth
tbg.	2 3/8	Depth	2363 O.E.		Retainer	Depth
Top Plugs		Type			Perfs	CIBP

Customer Signature:	Basic Representative:	CHAD HINZ
	Basic Signature:	
	Date of Service:	8/17/2017

STELBAR
ELLIS 1-12



Job Started On: 08/17/2017 @ 3:19:24 PM