

**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

## 1366540

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. 15						
Name:	Spot Description:						
Address 1:	Sec Twp S. R East Wes						
Address 2:							
City:	Feet from East / West Line of Section						
Contact Person:	Footages Calculated from Nearest Outside Section Corner:						
Phone: ( )	NE NW SE SW						
Type of Well: (Check one) Oil Well Gas Well OG D&A Cathodic							
Water Supply Well Other: SWD Permit #:	County.						
ENHR Permit #: Gas Storage Permit #:	Lease Name: Well #:						
	Date Well Completed:						
Producing Formation(s): List All (If needed attach another sheet)	by:(KCC District Agent's Name						
Depth to Top: Bottom: T.D							
Depth to Top: Bottom: T.D	Plugging Commenced:						
Depth to Top: Bottom: T.D	Plugging Completed:						
Dottom: 1.B	_						
Show depth and thickness of all water, oil and gas formations.	<u> </u>						
	Continue Page and (Conference Operation to a Page distribution)						
	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 floement or other plugs were used, state the character of same depth placed from (botto	·						
Plugging Contractor License #: N	Name:						
Address 1: A	Address 2:						
City:	State:						
Phone: ( )							
Name of Party Responsible for Plugging Fees:							
State of County,	, \$S.						
•							
(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.

SEPTEMBER 2017 PAID BY JBLLC CHECK #9032 = \$2,737.46

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

Authorization / Losso



Received S Sept 2017

**Cement or Acid Field Report** 

3526 Ticket No.

Foreman Russell McLoy

Camp EureKA

		1.000	& Well Number		Section	To	wnship	Range	County		State						
Date	Cust. ID#		WEN E # 4		27		255	8E	G.W.		KS						
9-5-17	1000	HHWTh	254.10 L	Safety	Unit #		Driv	er	Unit #	•	Driver						
Customer	~ 1,	. , ,	c	Meeting	103		Ric	14									
JACKSON Brother's L.L.C.			2m	110		AB											
Mailing Address			Rick	141		DAV											
IIlo E.	Third	2		AB							4						
City		State	Zip Code	DAVE													
-		KS	67045														
Eureka		12	01010	1	L				- 2:-		'						
Job Type P:T	Δ	Hole Den	th		Slurry Vol				Tubing <u> </u>	12	10						
			th e 63/4"		Slurry Wt				Drill Pipe								
Casing Depth_ Casing Size & V	1 11	Hole Siz							•								
Casing Size & V	Vt. 4 12	Cement L	eft in Casing		Water Gal/SK				Other		3						
			ement PSI		Bump Plug to				врм	1911							
Displacement Displacement PSI Bump Plug to BIM										•							
Remarks:	SATETY	Meeting	5 Po 1 0	XV SE	-S (A) 1A	70				7							
5POT 75 SKS (A) 250 TO 50/THRE IN TOUTING																	
95 SK'S TOTAL OF 41/2																	
			2 1	:20	0 + 300'												
NotE	Gel	SPACET	Between	137	0 <del>7</del> JCC												
BU:IL	) Br.16	e ul Rig	( <del>1)</del> 3co														
(-00)	1 (reme	T Detu	CNC WAIT 1	hr	TOP OFF	= ,	١١ عار	well	STAYOD F	011							
GOOD COMPLET RETURNS, WAIT I he TOP OFF Well Well STAXED FULL Job Complete TEAR Down. Bottom Plug Set by Long Drig																	
Thankyou																	
	1	10011	. (								Csell clay						

Code	Qty or Units	Description of Product or Services	Unit Price	Total
	acty or ornice	Pump Charge	750.00	750.00
C-105	15	Mileage	3.45	59.25
6-107	10			
0 202	99	SKS 40140 POZMIX	12.75	1211.25
C-203 C-206	300=	Gel	. 10	60.00
C-306	300	601		
C-108A	4 Ton	TON MILEAGE BUIL TRUCK	mic	345.00
U TOOK	7 70	10.00	c ·	
C-113	3	Ar 80 BAI WAC Truck	85.co	255.60
(-7/1)				
	,			
			<b>L.</b> 1. 1. 1.	00
		-590 DIS(OU)	H-18-	.00
			SLA TOTAL	2680.50
				3 )
		7.5%	Sales Tax	201.04
Authori	nation Darre	at I Tackson II Title Co- MANAGER	Total	2,881.540

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.