

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

KANSAS CORPORATION COMMISSION 1366871
 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

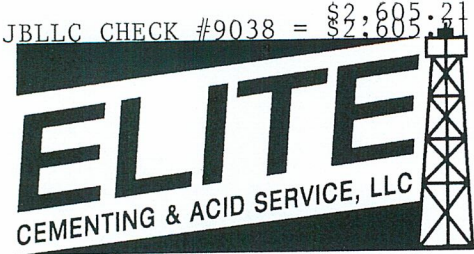
Describe in detail the manner in which the well is plugged, indicating where the mud fluid was placed and the method or methods used in introducing it into the hole. If cement or other plugs were used, state the character of same depth placed from (bottom), to (top) for each plug set.

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

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



Received 12 Sept 2017

Cement or Acid Field Report
 Ticket No. **3521**
 Foreman Steve Mead
 Camp Eureka KS

Date	Cust. ID #	Lease & Well Number	Section	Township	Range	County	State
9-12-17	1008	Hawthorne #14	27	25S	8E	Greenwood	KS
Customer			Unit #	Driver		Unit #	Driver
Jackson Brothers LLC			102	Rick			
Mailing Address			110	Jason			
116 E Third			141	Alan			
City		State	Zip Code				
Eureka		KS	67045				

Job Type PTA Oldwell Hole Depth _____ Slurry Vol. _____ Tubing _____
 Casing Depth _____ Hole Size 6 3/4 Slurry Wt. _____ Drill Pipe _____
 Casing Size & Wt. 4 1/2 Cement Left in Casing _____ Water Gal/SK _____ Other _____
 Displacement _____ Displacement PSI _____ Bump Plug to _____ BPM _____

Remarks: Safety Meeting Spot 20SKs AT 1240'
Spot 65SKs 250' TO SURFACE
Total 85SKs 60/40 Pozmix 4% Gel

POSTED
 dmb

Code	Qty or Units	Description of Product or Services	Unit Price	Total
C105	1	Pump Charge	750.00	750.00
C107	15	Mileage	3.95	59.25
C203	85SKs	60/40 Pozmix Cement	12.75	1083.75
C206	290#	Gel 4%	.20	58.00
C108A	3.66 Ton	Ton mileage Bulk Truck	M/C	345.00
C-113	3 hr	80 bbl Vac Truck	85.00	255.00
Total 2742.33 -5% Discoun 137.12 Total <u>2605.21</u> OK				
			SubTotal	2551.00
			Sales Tax 7.5%	191.33
Authorization <u>Roscoe L Jackson II</u> Title <u>CO-MANAGER</u>			Total	2742.33

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.