

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

KANSAS CORPORATION COMMISSION 1368235
 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



Cement or Acid Field Report
 Ticket No. **3500**
 Foreman Steve Neal
 Camp Eureka, KS

Date	Cust. ID #	Lease & Well Number	Section	Township	Range	County	State	
9-1-17	1098	Rud Anderson SWD	4	20	26	McPherson	Ks	
Customer Hess Oil Company			Safety Meeting		Unit #	Driver	Unit #	Driver
Mailing Address P.O. Box 1098					104	Alan		
City McPherson					112	Jason H		
State Ks		Zip Code 67460						

Job Type P/A old well Hole Depth _____ Slurry Vol. _____ Tubing _____
 Casing Depth _____ Hole Size _____ Slurry Wt. _____ Drill Pipe _____
 Casing Size & Wt. 5 1/2 Cement Left in Casing _____ Water Gal/SK _____ Other _____
 Displacement _____ Displacement PSI _____ Bump Plug to _____ BPM _____

Remarks: Safety Meeting Rig up to 5' casing Pump 2000 lbs Fresh water Try to
circulate water. Rain (Hwy) was 450' Couldn't circulate well Rig up
to Annulus Pump 1 1/2" water Blow out Rotator in SL. Shut down
Rig up to 5' casing Mix 25 sks 6000 per min Cement 1 1/2" 4 1/2" 11/16"
Shut down Job Complete Rig down

Thank You

Code	Qty or Units	Description of Product or Services	Unit Price	Total
C105	1	Pump Charge	750.00	750.00
C107	60	Mileage	3.95	237.00
C203	75 sks	60/40 Per min Cement	12.75	956.25
C206	250"	Gal 4 1/2"	.20	50.00
C207	45"	Hulls	.45	20.25
C108A	3.23	Ten Mileage Bulk Truck	MIC	345.00
			Subtotal	2258.50
			8.00% Sales Tax	188.68
Authorization <u>Witness by Tom Bruce</u> Title <u>Co Rep</u>			Total	2447.18

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.

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



Cement or Acid Field Report
 Ticket No. **3520**
 Foreman Steve Mead
 Camp Eureka, KS

Date	Cust. ID #	Lease & Well Number	Section	Township	Range	County	State	
9-5-17	1098	Bud Anderson SWD	4	20	20	McPherson	Ks	
Customer <u>Hess Oil Company</u>			Safety Meeting		Unit #	Driver	Unit #	Driver
Mailing Address <u>P.O. Box 1009</u>					<u>1041</u>	<u>Alan M</u>		
City <u>McPherson</u>					<u>112</u>	<u>Tasen H</u>		
State <u>Ks</u>		Zip Code <u>67460</u>						

Job Type P/A Sidwell Hole Depth _____ Slurry Vol. _____ Tubing _____
 Casing Depth _____ Hole Size _____ Slurry Wt. _____ Drill Pipe _____
 Casing Size & Wt. 5 1/2 Cement Left in Casing _____ Water Gal/SK _____ Other _____
 Displacement _____ Displacement PSI _____ Bump Plug to _____ BPM _____

Remarks: Safety Meeting Run Test in 5 1/2 casing. Log Cement At 380'. Run in 1" tubing down Annulus to 230' Break Circulation w/ Freshwater. Mix 25 SKs 60/40 permix Cement 230' to Surface. Pull out 1" tubing. Run 1" tubing down in 5 1/2 casing to 380' Mix 40 SKs 60/40 permix Cement 40' to 380' to Surface in 5 1/2 casing. Pull out 1" tubing. Top well off. Job complete Rig down

Thank you

Code	Qty or Units	Description of Product or Services	Unit Price	Total
C105	1	Pump Charge	750.00	750.00
C107	60	Mileage	3.95	237.00
C203	115 SKs	60/40 Perm Mix Cement	12.75	1466.25
C206	400 ^g	Gel 4%	.20	80.00
C108B	4.95 ton	Ten Mileage bulk Truck	1.35	400.95
			Sub Total	2934.20
			Sales Tax	234.74
Authorization <u>Witness by Tom Bruce</u> Title <u>Co. Rep.</u>			Total	3168.94

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.