

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

KANSAS CORPORATION COMMISSION 1369031
 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



PRESSURE PUMPING LLC
 PO Box 884, Chanute, KS 66720
 620-431-8210 or 800-467-8878

907/499

TICKET NUMBER 53877
 LOCATION Ottawa KS
 FOREMAN Fred Maden

FIELD TICKET & TREATMENT REPORT
 CEMENT

Invoice #811328

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
9-25-17	4950	Wolfe-McAdams #11	NW 5	24	17	Atchison
CUSTOMER Pisua Petroleum & Gray Lair			TRUCK #	DRIVER	TRUCK #	DRIVER
MAILING ADDRESS 1331 Xylan Rd			712	Fred Maden		
CITY Pisua			495	Harber		
STATE KS			558	A. J. Mc		
ZIP CODE 66761						

JOB TYPE Plug HOLE SIZE ? HOLE DEPTH 850' CASING SIZE & WEIGHT 2 7/8"
 CASING DEPTH _____ DRILL PIPE 1" TUBING 4 x 850' OTHER _____
 SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/ok _____ CEMENT LEFT in CASING F-4
 DISPLACEMENT N/A DISPLACEMENT PSI _____ MIX PSI _____ RATE 1 BPM

REMARKS: Hold Safety Manly Rig run 1" to TD of 2 7/8" Tubing.
 Fill to Surface with Cement. Pull 1" tubing. Top off
 Well w/ Cement. Rig up to Casing & Squeeze into Well
 @ 300+ PSI. Shut in Well Casing.

Customer Supplied Water

Fred Maden

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
CE0450	1	PUMP CHARGE	495	1500 ⁰⁰
CE0002	50 mi	MILEAGE	495	3525 ⁰⁰
CE0711	Minimum	Ten Miles Delivery	556	660 ⁰⁰
		Sub Total		2517 ⁰⁰
		Less 50%		1258 ⁵⁰
CC5965	35 Sacks	Pan Blend 1 A Cement	472 ⁰⁰	16520 ⁰⁰
	176 ⁰⁰	Bentonite Gel.	52 ⁰⁰	9152 ⁰⁰
		Sub Total		5252 ⁰⁰
		Less 50%		2626 ⁰⁰
		7.5%	SALES TAX	192 ⁰⁰
			ESTIMATED	
			TOTAL	1541 ⁰⁰

AUTHORIZATION _____ TITLE _____ DATE 9/28/17

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.