

**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

1369505

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 #: \_\_\_\_\_

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



PRESSURE PUMPING LLC

P.O. Box 884

Chanute, KS 66720

PO Box 884, Chanute, KS 66720

620-431-9210 or 800-467-8676

FIELD TICKET & TREATMENT REPORT  
CEMENT

TICKET NUMBER 53427

LOCATION Eldorado

FOREMAN Brad Butler

Invoice # 810725

| DATE                                 | CUSTOMER #  | WELL NAME & NUMBER | SECTION | TOWNSHIP | RANGE   | COUNTY    |
|--------------------------------------|-------------|--------------------|---------|----------|---------|-----------|
| 7-11-17                              | 3057        | Ellis W-69         | 27      | 23       | 11E     | Greenwood |
| CUSTOMER<br>Greenwood Resources, LLC |             |                    |         |          |         |           |
| MAILING ADDRESS<br>P.O. Box 907      |             |                    |         |          |         |           |
| CITY<br>Pratt                        | STATE<br>KS | ZIP CODE<br>67124  |         |          |         |           |
|                                      |             |                    | TRUCK # | DRIVER   | TRUCK # | DRIVER    |
|                                      |             |                    | 760     | Chris    |         |           |
|                                      |             |                    | 503     | Harold   |         |           |
|                                      |             |                    | 702     | Brad     |         |           |

JOB TYPE PTA HOLE SIZE HOLE DEPTH CASING SIZE & WEIGHT 4 1/2"

CASING DEPTH 1870' DRILL PIPE TUBING 2 3/8" OTHER

SLURRY WEIGHT SLURRY VOL WATER gal/sk CEMENT LEFT in CASING

DISPLACEMENT DISPLACEMENT PSI MIX PSI RATE

REMARKS: Rig up to Tubing set at 1705' / Pumped 15 Bbls Gel Ahead, Spot cement Plugs As following

Spot 50 sks cement at 1705'

10 sks cement at 900'

20 sks cement at 250' To Surface

NOTE: Casing was cemented To Surface

"Thank you"

| ACCOUNT CODE | QUANTITY or UNITS | DESCRIPTION of SERVICES or PRODUCT | UNIT PRICE | TOTAL    |
|--------------|-------------------|------------------------------------|------------|----------|
| CE0450       | 1                 | PUMP CHARGE                        | 1500.00    | 1500.00  |
| CE0002       | 0                 | MILEAGE Trk on location            |            | N/C      |
| CC5829       | 80 SACKS          | 60/40 Pozmix cement w/ 4% Gel      | 16.00      | 1280.00  |
| CC5965       | 300 lbs           | Gel - Spacers between plugs        | .30        | 90.00    |
| CE0711       | N/C               | Bulk Truck charge                  | 660.00     | 660.00   |
|              |                   | Sub Total                          |            | 3530.00  |
|              |                   | 45% Discount                       |            | -1588.50 |
|              |                   | SALES TAX                          |            | 56.52    |
|              |                   | ESTIMATED TOTAL                    |            | 1998.02  |

Ravin 3737

AUTHORIZATION witnessed by Don Soule

TITLE

DATE

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.