

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

1369896

Form CP-4
March 2009

WELL PLUGGING RECORD
K.A.R. 82-3-117

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.

(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

ES

PRESSURE PUMPING

Box 884, Chanute, KS 66720
620-431-9210 or 800-467-8676

8021/8518

TICKET NUMBER 50456

LOCATION Bttgusg

FOREMAN Alan Mader

Invoice# 810787

FIELD TICKET & TREATMENT REPORT

CEMENT

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
7-22-17	4828	Beets 5-P	NW 3	17	22	M.
CUSTOMER	L&P Enterprises					
MAILING ADDRESS	29975 Indianapolis Rd					
CITY	Paducah	STATE KS	ZIP CODE 66071			

TRUCK #	DRIVER	TRUCK #	DRIVER
368	Arlyn Da	Safety, Meet	
369	M. K. Hgg		
548	Alan Mader		

JOB TYPE	Plug	HOLE SIZE	UNKNOWN	HOLE DEPTH	CASING SIZE & WEIGHT	1 1/2
CASING DEPTH	425'	DRILL PIPE		TUBING	1" 425'	OTHER
SLURRY WEIGHT		SLURRY VOL		WATER gal/sk		CEMENT LEFT in CASING
DISPLACEMENT		DISPLACEMENT PSI		MIX PSI		RATE 16pm

REMARKS: Held meeting, Established circulation, Mixed & pumped 1105K PZB Blend F-A plus 690 gal. Filled casing and hole, from TD to surface through 1" tubing. Filled 1" out and washed tubing. Evidently 4 1/2 had holes and we filled outside also.

Terry Ballou
Taylor Herman : KSC

Alan Mader

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
CE0450	1	PUMP CHARGE	368	1502.00
CE0452	20	MILEAGE	368	143.00
CE0711	1	100 miles	348	660.00
CE0853	2	800gal	369	200.00
			Sub	2503.00
			Less 55%	1376.65
				1126.35

CC5840	110	PZB Blend F-A	1485.00
CC5965	554#	gal	166.20
			Sub
			Less 55% - 908.16

SALES TAX	59.45
ESTIMATED TOTAL	1928.84
TOTAL	

AUTHORIZATION Terry was there TITLE _____ DATE (4286.30)

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.