

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

KANSAS CORPORATION COMMISSION 1371270
 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
 620-431-9210 or 800-467-8676

9280
 9171

TICKET NUMBER 54930
 LOCATION Chalky 18
 FOREMAN Miles Shaw

FIELD TICKET & TREATMENT REPORT
 CEMENT

INVOICE # 81540

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY																
10-11-17	7158	M+A Trust #1	27	205	296	Lane																
CUSTOMER Raymond oil Mailing Address P.O. Box 48788 City Wichita			<table border="1"> <thead> <tr> <th>TRUCK #</th> <th>DRIVER</th> <th>TRUCK #</th> <th>DRIVER</th> </tr> </thead> <tbody> <tr> <td>731</td> <td>Cory D</td> <td></td> <td></td> </tr> <tr> <td>777/T-127</td> <td>PD Wilcox</td> <td></td> <td></td> </tr> <tr> <td>703</td> <td></td> <td></td> <td></td> </tr> </tbody> </table>				TRUCK #	DRIVER	TRUCK #	DRIVER	731	Cory D			777/T-127	PD Wilcox			703			
TRUCK #	DRIVER	TRUCK #	DRIVER																			
731	Cory D																					
777/T-127	PD Wilcox																					
703																						
STATE KS			ZIP CODE 67201																			

JOB TYPE OHP HOLE SIZE _____ HOLE DEPTH _____ CASING SIZE & WEIGHT 4 1/2"
 CASING DEPTH _____ DRILL PIPE _____ TUBING 2 3/8" OTHER _____
 SLURRY WEIGHT 13.8 SLURRY VOL 1.4 WATER gal/sk _____ CEMENT LEFT in CASING _____
 DISPLACEMENT _____ DISPLACEMENT PSI _____ MIX PSI _____ RATE _____

REMARKS: Safety meeting and Rig up on Alliance Well Service Rig # 25 plus as order
15x down Backs do 8 5/8'
ms 150sx down tubing lost circulation went on Volume shut down Rig down

Thanks Miles & Crew

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
CE0470	1	PUMP CHARGE	950.00	950.00
CE0602	40	MILEAGE	7.15	286.00
CE0710	8.92 Ton	Ton mileage delivery min	660.00	660.00
CE5829	205sx	light weight blend II	16.00	3280.00
			Subtotal	5176.00
			less 30% discount	1552.80
			Subtotal	3623.20
			SALES TAX	172.20
			ESTIMATED TOTAL	3795.40

AUTHORIZATION Bobby Williams 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.



PRESSURE PUMPING LLC
PO Box 884, Chanute, KS 66720
620-431-9210 or 800-467-8676

9282
9173

FIELD TICKET & TREATMENT REPORT
CEMENT

TICKET NUMBER 54931
LOCATION Ocala, KS
FOREMAN Miles Shaw

Invoice #811541 US

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
10-14-17	7158	MAT just #1	27	20S	29W	Lane
CUSTOMER Raymond Oil			Dighton, KS			
MAILING ADDRESS P.O. BOX 48188			St. Louis 20			
CITY Wichita			2 3/4 hrs			
STATE KS			S into			
ZIP CODE 67201						

TRUCK #	DRIVER	TRUCK #	DRIVER
731	Cory D		
773/717	PD W. Harris		

JOB TYPE OHP HOLE SIZE _____ HOLE DEPTH _____ CASING SIZE & WEIGHT 4 1/2"
 CASING DEPTH _____ DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT 13.8 SLURRY VOL 1.4 WATER gal/sk _____ CEMENT LEFT in CASING _____
 DISPLACEMENT _____ DISPLACEMENT PSI _____ MIX PSI _____ RATE _____

REMARKS: Safety meeting and cleanup on well max 905x Lite Weight blend TL
 60/40 for 48 gal pressured to 350 psi released off pressure cement fell 20'
 Topped back off Cement did not fall

250# hulls

Thanks Miles & Crew

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
		PUMP CHARGE		
CE0002	20	MILEAGE	7.15	143.00
CE0710	3.92 tons	Fan Mileage delivery		260.00
CL5829	905x	Lite Weight blend TL	16.00	1440.00
CC6080	250#	Cotton Seed hulls	1.00	250.00
		Subtotal		2493.00
		less 30% discount		249.90
		Subtotal		1745.10
		SALES TAX		88.73
		ESTIMATED TOTAL		1833.83

AUTHORIZATION _____ 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.