KOLAR Document ID: 1371316

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

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 #:	API No. 15
Name:	Spot Description:
Address 1:	Sec Twp S. R East West
Address 2:	Feet from North / South Line of Section
City: State: Zip: +	Feet from East / West Line of Section
Contact Person:	Footages Calculated from Nearest Outside Section Corner:
Phone: ()	NE NW SE SW
Type of Well: (Check one) Oil Well Gas Well OG D&A Cathodic Water Supply Well Other: SWD Permit #: SWD Permit #:	County: Well #: Lease Name: Well #: Date Well Completed:
Is ACO-1 filed? Yes No If not, is well log attached? Yes No	The plugging proposal was approved on: (Date)
Producing Formation(s): List All (If needed attach another sheet)	by: (KCC District Agent's Name)
Depth to Top: Bottom: T.D	Plugging Commenced:
Depth to Top: Bottom: T.D	Plugging Completed:
Depth to Top: Bottom: T.D	

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

	J

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

TICKET NUMBER 53923

LOCATION OXVawa KS

FOREMAN Fred Moder

FIELD TICKET & TREATMENT REPORT

620-431-92	210 or 800-467-867	6		CEMEN	NT APES	\$ 15.205.26	248.00.00	
DATE	CUSTOMER #	WE	LL NAME & NUM	IBER	SECTION	TOWNSHIP	RANGE	COUNTY
12-5-17	2890	R. Com	Ion Tust	# H1-3	NW ?	29	14 5	WL
CUSTOMER		2				4	entralis	167
Dom	estic Ene	van Por	thers		TRUCK #	DRIVER	TRUCK #	DRIVER
MAILING ADDR		6			212	Freillad		
P.O.	Box 296				495	Harbec		
CITY		STATE	ZIP CODE	7	548	11 MacD		
Fiedo	vic.	KS,	16736					
JOB TYPE	2105	HOLE SIZE	·	HOLE DEPT	Н	CASING SIZE & WI	EIGHT <u>. 4'⁄~''</u>	
CASING DEPTH	1 <u> </u>	DRILL PIPE	5315	_TUBING <u>~o</u> _	75.		OTHER	
SLURRY WEIG	HT	SLURRY VOL		WATER gal/	sk	CEMENT LEFT in (CASING <u>Full</u>	
DISPLACEMEN	T <u>N////-</u>	DISPLACEME	NT PSI	MIX PSI		RATE 3 3 21	1	
REMARKS: A	- ld Enterly	<u>unad</u> s	. Zis ra	12 JAE	Teline h	o 10. Forday	Jl'shr.V	ulation.
Pomis	18 331 0	Called 6	Worth .	36 V	15 マヨンの社,	(Sal. Follo	w w/	OSIKE
Poz V	bland In	1 Course	× ND.	5 Mary	No. 75.	Pull 275"	Tublen	70 640
Pu-np		clod 11	atur x ,	PO SKS	Concut:	Displace X	0 6401	- 55 Hug
Pull	23/318' TUG	in in	1911' F	11 to	Surface 1	of Consol.	Jul rob	uning
<u> </u>	Tobine.	400 0 ft	well	ul Com	w.X. Was		TUGNE	
	0			,	10			

_	Custa	nor S	ام الإدر ب	d water.	
	RCC	Ross	Ryon.	Dulia	
		,	/	· J	

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- Jud Madi

ACCOUNT CODE	QUANITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
E0450	1	PUMP CHARGE		
EDDO Z		MILEAGE		
CEDTIL				
(C 58 40		Por Bland - A C-mant		
°° 5965		Por Bland - A Comment Benchmiste Cel		
				· · · · · · · · · · · · · · · · · · ·
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·			·	L:
avin 3737			SALES TAX	
Common Statement	Der hu		ESTIMATED TOTAL	
	- ell / / l	TITLE		- -

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.