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

1371902

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

Address 1:	cription:
Address 2:	Feet from North / South Line of Section Feet from East / West Line of Section Calculated from Nearest Outside Section Corner:
City: State: Zip: +	Feet from East / West Line of Section
Contact Person:	Calculated from Nearest Outside Section Corner:
Phone: ()	
Type of Well: (Check one) Oil Well Gas Well OG D&A Cathodic Water Supply Well Other: SWD Permit #: Lease Na ENHR Permit #: Gas Storage Permit #: Date Well	NE NW SE SW
Water Supply Well Other: SWD Permit #: Lease Na ENHR Permit #: Gas Storage Permit #: Date Well	
Producing Formation(s): List All (If needed attach another sheet) by:	me: Well #: Completed: ing proposal was approved on: (Date) (KCC District Agent's Name) Commenced:

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 Plu	ugging Fees:					
State of	County,	, SS.				
	(Print Name)	Employee of O	perator or Operator on a	bove-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.

QES	5
PRESSURE PUMPING LLC	

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

FIELD TICKET & TREATMENT REPORT

TICKET NUMBER

LOCATION FOREMAN

CEMENT

DATE	CUSTOMER #	WELL NAME & NUM	BER	SECTION	TOWNSHIP	RANGE	COUNTY
10-23-17	8511	Wilson A " 3:	20	8	25	5	Butter
CUSTOMER					the second s		Dairy
	Vess Oi	1		TRUCK #	DRIVER	TRUCK #	DRIVER
MAILING ADDRI	ESS			603	TFACY		
	VATO SIDAT	PARKWAY Bld 500		611	Jud		
CITY	0	STATE ZIP CODE		692	MATK		
Wich	ta	Ks 67206		702	Brad		
JOB TYPE	PTA	HOLE SIZE	HOLE DEPTH		CASING SIZE & W	EIGHT 4/2"	
CASING DEPTH						OTHER	
SLURRY WEIGHT SLURRY VOL V			WATER gal/sl	k	CEMENT LEFT in		
	r	DISPLACEMENT PSI			RATE		
REMARKS: Rig LoTo Tubing SET or 9.38; break circulation with Stochwater mixed comment along with Hulls							
Till we got good coment FETWAS / mixed with 13% Bbb. WATER = 81 5KS 60/40 Pozmik w/ 426-1, 22 CACLE + Hull							
Pull Tubing out of usell, Silled CASING backy with Company Fig up To CASING - Squeeze Company into well							
Shut down with 350 psi, well Holding 300psi - closed casing in with 300psi > mixed 155Ks. cement							
Plug solid from 938 To Surface with 76 sacks 60/40 Pozmix cementary 47. Gel + 2% CACLE							

Job complete-1eardown

		THANK YOU"		
ACCOUNT CODE	QUANITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
CE0450	/	PUMP CHARGE	1500.00	1500.00
CE 0002	0-	MILEAGE	7.15	
CE 07/1	m/c	Bulk Truck charge	660.00	N/L 660.00
WE 0852	2 Hos	WATE Truck	100,00	200.00
cc 5829	96 SACKS	60/40 Pozmik cement w/ 42 GeL	16.00	1536.00
cc 5325	165 1bs.	CAlcium Chloride	1.25	206.25
cc 6080	40 lbs.	Hulls	1.00	40.00
				4.142.25
		Discourt	55%	-2278,23
	*		TT	10/11/02
		Sub	TOTAL	1,864.02
	\bigcap		SALES TAX	
avin 3737	6/5		ESTIMATED TOTAL	
LITHORIZTION	- Change	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.