

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

KANSAS CORPORATION COMMISSION 1371908
 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

TICKET NUMBER 54799

LOCATION Eldorado

FOREMAN Brad Butler

FIELD TICKET & TREATMENT REPORT CEMENT

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
10-23-17	8511	Finney 1-80	29	25S	5E	Butter
CUSTOMER						
MAILING ADDRESS			TRUCK #	DRIVER	TRUCK #	DRIVER
Vess Oil			603	Tracy		
1700 Water Street Parkway Bld 500			611	Jud		
CITY	STATE	ZIP CODE	692	MARK		
Wichita	Ks.	67206	702	Brad		

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

REMARKS: Rig up to Tubing set @ 690' break circulation with fresh water. Mixed cement along with hulls till we got good cement returns/mixed with 15 Bbls water = 90sks 60/40 Pozmix w/ 4% Gel, 40lbs Hulls. Pull Tubing out of well, fill casing backup with cement, rig up to casing - squeezed cement into well. Shut down with 500psi, well holding 500psi - closed casing in with 500psi > mixed w/ 2 1/2 Bbls = 15sks cement. Plug Solid from 690 To Surface with 105 SACKS 60/40 Pozmix cement w/ 4% Gel + 2% CACL₂.

Job complete - Tear down

"Thank you"

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
CE 0450	1	PUMP CHARGE	1500.00	1500.00
CE 0002	3	MILEAGE	7.15	N/C
CE 0711	M/C	Bulk Truck charge	660.00	660.00
WE 0852	2.5 Hrs	WATER Truck	100.00	250.00
CC 5829	105 SACKS	60/40 Pozmix cement w/ 4% Gel	16.00	1680.00
CC 5325	180 lbs	Calcium Chloride	1.25	225.00
CC 6080	40 lbs	Hulls	1.00	40.00
				4355.00
		Discount	45%	-1959.75
		Sub TOTAL		2395.25
		SALES TAX		
		ESTIMATED TOTAL		

Ravin 3737

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.