

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

KANSAS CORPORATION COMMISSION 1372477
 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 54774
 LOCATION Cherokee
 FOREMAN Fuzz4

FIELD TICKET & TREATMENT REPORT
CEMENT

KS

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
11-3-17	8511	Swisher U.W. + Lemon #1	11	29S	13W	Frank
CUSTOMER Uess Oil Operation			TRUCK #	DRIVER	TRUCK #	DRIVER
MAILING ADDRESS 1700 Waterfront Bldg 500			603	Tracey		
CITY Wichita			681	Bobby		
STATE KS			692	Jud		
ZIP CODE 67206			792	Fuzz4		

JOB TYPE AWP HOLE SIZE _____ HOLE DEPTH _____ CASING SIZE & WEIGHT 7 7/8 hole
 CASING DEPTH _____ DRILL PIPE _____ TUBING 2 3/8 OTHER + 8 5/8 casing
 SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING 8 5/8 - 489'
 DISPLACEMENT _____ DISPLACEMENT PSI _____ MIX PSI _____ RATE CIBP-4550' / w 25sks cement

REMARKS: Safety meeting on G&L well service. Rig up and plug as ordered. Ld hole with 20 BBL mix 10sks gel tail with 50sks 60140 490cc @ 750'. Pull tbg to 500' and mix 50sks cement. Pull all Tbg and top well off with 75sks cement.

Total Cement 175sks 60140 490; 270cc.

Thanks Fuzz4 & Crew

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
CE0450	1	PUMP CHARGE	1500 ⁰⁰	1500 ⁰⁰
CE0002	30	MILEAGE	7.15	214.50
CE0711		Ten mileage delivery min	660 ⁰⁰	660 ⁰⁰
WE0853	3 bags	80 BBL UAC	100 ⁰⁰	300 ⁰⁰
WC6159	3000	CY water	.02	N/A
CC5829	175sks	60140 490cc	16 ⁰⁰	2800 ⁰⁰
CC5329	300*	Calcium Chloride	1.25	375 ⁰⁰
CC5965	500*	Bentonite	1.30	650 ⁰⁰
CC6080		Cottonseed hulls	1 ⁰⁰	N/A
		subtotal		5995.50
		disc	45%	2699.27
		Subtotal		3295.23
		SALES TAX		
		ESTIMATED TOTAL		

Ravin 3737

AUTHORIZATION [Signature] 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.