**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

## 1372904

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

OPERATOR: License #:				API No. 15	5					
Name:					Spot Description:					
Address 1:					Sec 7	wp S. R	East West			
Address 2:       State: Zip: +         Contact Person:					Feet from North / South Line of Section					
					Feet from East / West Line of Section Footages Calculated from Nearest Outside Section Corner:					
										Phone: ( )
Type of Well: (Check one)	Oil Well Gas Well	OG D&A Catho	dic	County:						
Water Supply Well	Other:	SWD Permit #:		County: Well #:						
ENHR Permit #:	Gas Sto	orage Permit #:		Date Well Completed:						
s ACO-1 filed? Yes	No If not, is we	Il log attached? Yes	No		ing proposal was app					
Producing Formation(s): List	All (If needed attach anothe	r sheet)								
Depth to	o Top: Botto	om: T.D								
Depth to	o Top: Botto	om: T.D		Plugging Commenced:						
Depth t	o Top: Botto	om:T.D		Flugging	Completed					
Show depth and thickness of	all water, oil and gas form	ations.								
Oil, Gas or Wate	r Records		Casing	ng Record (Surface, Conductor & Production)						
Formation	Content	Casing	Size		Setting Depth	Pulled Out				
cement or other plugs were u	sed, state the character of	same depth placed from (bo	ottom), to	(top) for eacr	n plug set.					
Plugging Contractor License #: Name:  Address 1: Address										
City:				_ State:		Zip:	+			
Phone: ( )				_						
Name of Party Responsible for	or Plugging Fees:									
State of	County,			, ss.						
					plovee of Operator or	Operator on a	hove-described wall			

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.

(Print Name)



PRESSURE PUMPING LLC
PO Box 894, Chanute, KS 66720

9020 6922

TICKET NUMBER 53840
LOCATION Offers K5
FOREMAN Care Kennedy

FIELD TICKET & TREATMENT REPORT

Invoice \$811247

620-431-921	0 or 800-487-867	6		CEMEN	IT		infacted 3	TOILET
DATE	CUSTOMER#	WEL	L NAME & NUME	ER	SECTION	TOWNSHIP	RANGE	COUNTY
9/11/17	3425	Peterson	- McEHAes	人生!	Nm 26	16	20	FR
USTOMER	Dellin							
Hughes Dilling					TRUCK#	Carlan	TRUCK#	DRIVER
120 Main					729	Ke Car	V Jaka-	Modine
my .	roun	STATE	ZIP CODE		503	Mik Haa	1	
Wellson	11-	KS	66092		BUS	MINMA		
7.5			Tub	HOLE DERT		CASIMO SIZE A 1	WEIGHT 37	4
ASING DEPTH	1650'	HOLE SIZE DRILL PIPE		HOLE DEPTI	·	CASING SIZE & 1	OTHER	
LURRY WEIGH		SLURRY VOL		WATER gal/s	i Dis	CEMENT LEFT I	11 .	1
	!	DISPLACEMEN	IT BOL	MIX PSI		~ 1	PM	
SPLACEMENT	ld soldy	meeting	establis			d + puno		4.
52 Herd		est w	62 50			# Corton	sed hulls	
/200			sing.	Cerco	k 64/ 6	COTON.	ALL MOIG	1 10000
						Λ	J.	
el	Cookland	H50	-			-1:	<del>7/-/</del>	
ustoner	SOPPINO	1130				<del></del>		
ACCOUNT	QUANITY	or UNITS	DESCRIPTION of SERVICES or PRODUCT				UNIT PRICE	TOTAL
E0450	1		PUMP CHARG	E			1500,00	
Eoooat	5 n	i i	MILEAGE				35.75	
CEOTIL	1/3 u	M'n	ton u	uileag			220.00	
					truck	ts	1755.75	
					- 4	257	1141.24	
						Subtotal		614.5
15840	23	342	Posten	d 14 c	event		310.50	<b>*</b>
C5945 d	116	#	6el				34.80	Ĺ
C6080	5	#	Cottona	ed Hull	<u>'</u> c		5.00	
2000			10/100	1011		encle	3508	
					mate	57	1227.70	
						Subtotal	100	1220
			1			200101		1
			<u> </u>					
			<del> </del>			8%	SALES TAX	9.81
			10			() /4	I OUTTO IVY	1 1 /1 /
vin 3737						0 /4	ESTIMATED TOTAL	741 93

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.