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

1373256

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 Spot Description:					
Address 2:										
City:	State:	Zip:++								
Contact Person:										
Phone: ()					NE NW	SE SW				
Type of Well: (Check one)	Oil Well Gas Well	OG D&A Cathodi	ic	County:						
Water Supply Well C	Other:	SWD Permit #:		Lease Name: Well #: Date Well Completed:						
ENHR Permit #:	Gas Sto	rage Permit #:								
Is ACO-1 filed? Yes	No If not, is well	log attached? Yes	No			oved on: (Date)				
Producing Formation(s): List A	All (If needed attach another	sheet)		by:		(KCC District Agent's Name)				
Depth to	Top: Botto	m: T.D		Plugging	Commenced:					
Depth to	Top: Botto	m: T.D		Plugging Completed:						
Depth to	Top: Botto	m: T.D		33 3						
Show depth and thickness of a	all water, oil and gas forma	ations.								
Oil, Gas or Water Records				Casing Record (Surface, Conductor & Production)						
Formation	Content	Casing	Size		Setting Depth	Pulled Out				
cement or other plugs were us	sed, state the character of	same depth placed from (bot	tom), to (to	pp) for ead	ch plug set.					
Plugging Contractor License #:				ime:						
Address 1:			Address 2	2:						
City:				State:		Zip:+				
Phone: ()										
Name of Party Responsible for	r Plugging Fees:									
State of			, ss.							
				E	mployee 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.

(Print Name)



PRESSURE PUMPING LLC PO Box 884, Chanute, KS 66720

TICKET NUMBER LOCATION_ FOREMAN

FIELD TICKET & TREATMENT REPORT

	10 or 800-467-8676			CEMEN	łT			
DATE	CUSTOMER#	WE	LL NAME & NUM	BER	SECTION	TOWNSHIP	RANGE	COUNTY
11/13/17 CUSTOMER	1828	Lester S	cott # 6	50	NE 3	16	20	FR
	mergy Inc				TOUGH.	1000	1.00	Section 1
MAILING ADDRESS 7						DRIVER	TRUCK#	DRIVER
1112 Khode Island Kd 447 140						44	Safet	Maeting
CITY STATE IZID CODE						Kei Car	IV.	
lola		KS	66749		548	MikHan	- V	
JOB TYPE O	Tue H	OLE SIZE	1000.11]	675	Kei Det	1/	
CASING DEPTH	/ -	RILL PIPE		HOLE DEPTH		CASING SIZE &	WEIGHT	1/2 #
SLURRY WEIGHT		LURRY VOL_		TUBING			OTHER	
DISPLACEMENT		· · ·		WATER gal/s		CEMENT LEFT		oll
REMARKS: he	0 0 0	ISPLACEMEN	Carrestelland St. Woods	MIX PSI		RATE 2 5	ur	
7D mix	1	mading	, establish	red circ	culation H	rough 1	Libing	at casina
				Zblend	- (22 ad a	per sk
Coment	to Surface			of trou	well, to	pped we	el off	0/5 sk
cevent,	washed up	tubing	+ egui	prient	-1 -1 -1	casina u		٠١١٤
							,	
							10	
						17	15	
						7-	1	
								3-0
ACCOUNT								
ACCOUNT CODE	QUANITY or	UNITS	DES	CRIPTION of	SERVICES or PROI	DUCT	UNIT PRICE	TOTAL
(E0450			PUMP CHARGE					TOTAL
Econa	20 m		MILEAGE				1500,00	
E0711	1/4	4		^1			143.00	
JE0853	1hr			uleage			110.00	
10000			00 00	ic J			100,00	
					trucks		1853.00	
					50?	2	926.50	
					Su	btotal		926.50
C2840	22 sk	22	Porbler	& IAce	west		297.00	780.30
5965			Gel				33.30	
					n 1	D ₀		
					materia -50 Sc	8	330.30	
					-50	6,	165.15	
						obtotal		165.15
	V 1 HV-1							
	- 2		4					7.
					X			
3737	Basic					8%	SALES TAX	13.21
	R-R	161	/			(0)	COTINGATED	
/	1-8/	11/10					TOTAL	1104.86

DATE_ 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.

TITLE