

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

1373508

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 #: _____

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.

(Print Name) ☐ Employee 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.

Submitted Electronically

810 E 7TH
PO Box 92
EUREKA, KS 67045
(620) 583-5561



Cement or Acid Field Report
Ticket No. **3648**
Foreman Steve Mead
Camp Eureka

API 15-207-01499

Date	Cust. ID #	Lease & Well Number	Section	Township	Range	County	State
11-9-17	1000	MYRTLE CORKERY #1-B	29	25S	14E	Woodson	KS
Customer <u>Trimble & Macloskey Oil LLC</u>			Unit #		Driver		Unit #
Mailing Address <u>P.O. Box 171</u>			102		Rick		
City <u>Gridley</u>			110		Jason		
State <u>KS</u>			145		Steve		
Zip Code <u>66852</u>			125		Greg		

Job Type PTA old well Hole Depth 1450' Slurry Vol. _____ Tubing 2 3/8
Casing Depth _____ Hole Size _____ Slurry Wt. _____ Drill Pipe _____
Casing Size & Wt. 4 1/2 Cement Left in Casing _____ Water Gal/SK _____ Other _____
Displacement _____ Displacement PSI _____ Bump Plug to _____ BPM _____

Remarks: Safety Meeting: Plug well AS Follow. Pump 300' Gel Spacer.

Spot 20 SKS AT 1386'

Spot 15 SKS AT 538'

60 SKS 250' TO SURFACE

Total 95 SKS 60/40 PZ MIX CEMENT 4 1/2 Gel

Job Complete Rig down.

Thank you

Code	Qty or Units	Description of Product or Services	Unit Price	Total
C105	1	Pump Charge	750.00	750.00
C107	25	Mileage	3.95	98.75
C203	95 SKS	60/40 PZ MIX CEMENT	12.75	1211.25
C206	325 #	4 1/2 Gel	.20	65.00
C206	300 #	Gel spacer	.20	60.00
C108	4.09 Ton	Ten Mileage bulk Truck	M/C	345.00
C113	2 hrs	Bobbl Vac Truck	85.00	255.00
C203		Johnson #28 35 SKS 60/40 PZ MIX TOP	12.75	446.25
C203		Lane #2 10 SKS 60/40 PZ MIX OFF	12.75	127.50
<div style="border: 1px solid black; border-radius: 50%; padding: 10px; display: inline-block;"> 590 <180.54> 13430.12 </div>			Sub Total	3358.75
			Sales Tax	251.91
Authorization <u>by Brian</u> Title <u>CO REP</u>			Total	3610.66

I agree to the payment terms and conditions of services provided on the back of this job ticket. Any amendments to payment terms must be in writing on the front of this job ticket or in the Customer's records at ELITE's office.



Invoice #61938

Invoice Date: 10/30/2017

P.O. DRAWER H
CHANUTE, KS 66720

(620) 431-9308

Bill To:

TRIMBLE & MACLASKEY OIL, LLC
BOX 171
GRIDLEY, KANSAS 66852

Date	Description	Hours/Qty	Amount
10/27/2017	MYRTLE CORKEY #1B WOODSON COUNTY, KANSAS PERFORATED TO PLUG WITH 2-1/8" STEEL SHOTS 2 SHOTS AT 550' 2 SHOTS AT 250'		625.00

Q3

THANK YOU. WE APPRECIATE YOUR BUSINESS!!

Total

\$625.00

TERMS: All invoices are due in full 30 days after invoice date. A FINANCE CHARGE of 1-3/4% (21% per annum) will be assessed after 30 days.

Balance Due

\$625.00