

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

KANSAS CORPORATION COMMISSION 1373701
 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.

 (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



PRESSURE PUMPING LLC
 PO Box 884, Chanute, KS 66720
 620-431-9210 or 800-467-8676

FIELD TICKET & TREATMENT REPORT

TICKET NUMBER 54965

LOCATION Oakley, KS

FOREMAN Miles Shaw

**FIELD TICKET & TREATMENT REPORT
 CEMENT**

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
11/14/17		Thies Ranch 1-33	33	14S	31W	Leaue
CUSTOMER			TRUCK #	DRIVER	TRUCK #	DRIVER
Larkin Oil & Gas			467	Wick C		
MAILING ADDRESS			7721-127	Paul W		
CITY			1455-7	Trauw		
STATE						
ZIP CODE						

JOB TYPE OHF HOLE SIZE _____ HOLE DEPTH _____ CASING SIZE & WEIGHT 4 1/2"
 CASING DEPTH _____ DRILL PIPE _____ TUBING 2 3/8" OTHER _____
 SLURRY WEIGHT 13.8 SLURRY VOL 1.4 WATER gal/sk _____ CEMENT LEFT in CASING 4.05
 DISPLACEMENT _____ DISPLACEMENT PSI _____ MIX PSI _____ RATE _____

REMARKS: Schedule meeting and R-C upon HST. Mucos orders
1st 75SX and 250# hulls @ 2' 375'
2nd 75SX @ 2948' 325SX 6000 48
3rd 75 SX @ 1974
for 85% back 15SX
tood off with 100SX

Thanks Miles Shaw

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
(E0470)	1	PUMP CHARGE	950. ⁰⁰	950. ⁰⁰
(E1001)	25	MILEAGE	7.15	178.75
(E0481)	1413 tons	ton miles delivered	1.10. ⁰⁰	1554.30
(C5829)	225 SX	Lite Weight Blend II	16. ⁰⁰	3600. ⁰⁰
(C6080)	250 #	Coater Sand hulls	1. ⁰⁰	250. ⁰⁰
(S326)	100 #	Salt	11/1	111/1
			Subtotal	7238.75
			less 308 discount	7171.62
			Subtotal	5067.19
			SALES TAX	
			ESTIMATED TOTAL	

Ravin 3737

AUTHORIZATION [Signature] TITLE FOREMAN 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.