

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

KANSAS CORPORATION COMMISSION 1373753
 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 54968
 LOCATION Oakley, KS
 FOREMAN Miles Shaw

FIELD TICKET & TREATMENT REPORT
CEMENT

KS

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
11-15-17	4793	Jegerich 1-8	8	14 S	21 W	Goose
CUSTOMER			TRUCK #	DRIVER	TRUCK #	DRIVER
Loria Oil & Gas			753	Travis W		
MAILING ADDRESS			530/F18	Paul W		
CITY	STATE	ZIP CODE				

JOB TYPE PTA 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 _____
 DISPLACEMENT _____ DISPLACEMENT PSI _____ MIX PSI _____ RATE _____

REMARKS: Safety meeting and Rig up on HST Plugs ordered
1 1/2" 75 sv 250" hulls @ 4460'
2 1/2" 75 sv @ 3600' 60/40 for 48sel
3 1/2" 75 sv @ 2609'
4 1/2" 120 sv sv Circulate to Surface
Top w/ 15 sv
8 3/4" 10 sv

Thanks Miles & crew

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
CF0470	1	PUMP CHARGE	950. ⁰⁰	950. ⁰⁰
CF0002	20	MILEAGE	7.15	143. ⁰⁰
CF0711	16.1 Ton	Ton mileage - delivery	660. ⁰⁰	660. ⁰⁰
CC5829	370 SK	Lite-weight blend II	16. ⁰⁰	5920. ⁰⁰
CC6080	250 #	Cotton Seed hulls	1. ⁰⁰	250. ⁰⁰
			Subtotal	7923. ⁰⁰
			1055 30% discount	2376.90
			Subtotal	5546.10
			SALES TAX	
			ESTIMATED TOTAL	

OK TO PAY
 Accr. Expt. FILE
 NOV 20 2017
 IS REF BS SE DM

AVIN 3737 AUTHORIZATION Miles Shaw 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.