KOLAR Document ID: 1376918

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

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 #:	API No. 15
Name:	Spot Description:
Address 1:	Sec Twp S. R East West
Address 2:	Feet from North / South Line of Section
City: State: Zip: +	Feet from East / West Line of Section
Contact Person:	Footages Calculated from Nearest Outside Section Corner:
Phone: ()	NE NW SE SW
Type of Well: (Check one) Oil Well Gas Well OG D&A Cathodic Water Supply Well Other: SWD Permit #: SWD Permit #: SWD Permit #: ENHR Permit #: Gas Storage Permit #: Gas Storage Permit #: SWD Permit #: SWD 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)	County: Well #: Lease Name: Well #: Date Well Completed: The plugging proposal was approved on: (Date) by: (KCC District Agent's Name) Plugging Commenced: Plugging Completed:
Depth to Top: Bottom: T.D	

Show depth and thickness of all water, oil and gas formations.

Oil, Gas or Water Records		Casing Record (Surface, Conductor & Production)		tion)	
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	l 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	CEMEN		0DT	BER 549 Ockla Mitssh	x US
DATE CUSTOMER# WELL NAME & NU	MBER	SECTION	TOWNSHIP	RANGE	COUNTY
11-15-17 5659 Dire Wolf 1-28		28	265	400	Hamilton
CUSTOMER	Syracusels			1978 - 1978 - 1978 - 1978 - 1978 - 1978 - 1978 - 1978 - 1978 - 1978 - 1978 - 1978 - 1978 - 1978 - 1978 - 1978 -	
MAILING ADDRESS	_ 5 tock 35	TRUCK#	DRIVER	TRUCK#	DRIVER
17M AL VANDER COLOR AND WWW BID	E tock S	753	Travis 4	•	
CITY IN AMERICAL I FRAME FRAME	Wills Wishink	772/7-127	Vi-pfh (
Wichita KS 67206			·		
JOB TYPE PTA HOLE SIZE 7 7/84	 Hole Depth	5452	CASING SIZE & W	FIGHT	I
CASING DEPTH DRILL PIPE 41/2"	TUBING			OTHER	
SLURRY WEIGHT 3.8 SLURRY VOL 1.4	WATER gal/s	k	CEMENT LEFT in		• ••• •••••••
DISPLACEMENT DISPLACEMENT PSI	MIX PSI		RATE	07.0.me	
REMARKS: Salely meeting and Kis up on	Dyllo d	1. Ilco Ba	A T A.	s ss ande	1
1 plus 50 5x @ 1830'	2440 0	pipping (1)	~ //4	545 Orati	. 24
2 plus 40 SKB 430'			and the second		
3/ Plue ZO St@ 60'		lan lal	, sitt if H	//	······
RUZOCK	/[NJX (20/4	0 4% 10 H	10	
MH ZOSX	· · ·				

Thanks Miles + Crew

ACCOUNT CODE	QUANITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
CEOYSIE	1	PUMP CHARGE	1910,00	1900,00
CEODDZ	75	MILEAGE	7.15	536.25
E07/0 /	6.96 TONS 4693 1605x	Ton mitnege chelwery	1,75	913,500
CC5829	4693 1605×	6 Lito Weight bland I	16.00	2560,00
CR 607.5	· 40#	Cello Gath / Flussed	3,00	120,00
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		15	Plo .	IAA-TO
vin 3737		1	SALES TAX	140.70
-ing	1/ 11-har	OA	ESTIMATED TOTAL	436153
	Rement The	Line TITLE	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.