

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 #: _____
 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
 820-431-8210 or 800-467-8676

9729
 9021

TICKET NUMBER 53942
 LOCATION Ottawa KS
 FOREMAN Fred Maden

FIELD TICKET & TREATMENT REPORT
 CEMENT

Invoice #812056

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
12-15-17	4950	Stuene # 03-08	SW 11	13	10	WAB W3
CUSTOMER			TRUCK #	DRIVER	TRUCK #	DRIVER
Pigna Petroleum & Grey Hair			712	Fred Maden		
MAILING ADDRESS			4950	Harbac		
1331 Xylan Rd			548	Ken Day		
CITY	STATE	ZIP CODE	505/T106	Mix Man		
Pigna	KS	66761				

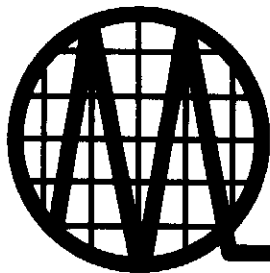
JOB TYPE Plug HOLE SIZE - HOLE DEPTH 3258 CASING SIZE & WEIGHT 5 1/2"
 CASING DEPTH 3258 DRILL PIPE 2 3/4" TUBING TO TD OTHER _____
 SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT IN CASING FT
 DISPLACEMENT N/A DISPLACEMENT PSI _____ MIX PSI _____ RATE 13 BPM

REMARKS: Hold Safety meeting. Rig run 2 3/4" tubing to 3250'. Mix Pump
 22 Bbl Gelled Water. Follow w/ 10 SKS Cement. Displace
 to TD thru 2 3/4" tubing w/ 10 BBLs Gelled Water. Rig Pull
 2 3/4" tubing to 1700'. (Kansas City Line) Mix 20 BBL Gelled
 water Follow w/ 10 SKS cement Displace to 1700' w/ 6 BBL
 Gelled water. Pull 2 3/4" tubing to 350'. Fill to
 surface w/ cement. Pull 2 3/4" tubing. Rig up to 5 1/2"
 casing. Circulate Cement thru perfor @ 350'.
 Fred Maden

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
CC 0450	1	PUMP CHARGE	1995	1500 ⁰⁰
CC 0002	60 mi	MILEAGE	496	429 ⁰⁰
CC 0711	Minimum	Ten Miles Delivery	548	660 ⁰⁰
WS 2402	7 hrs	Transport	505/T106	340 ⁰⁰
		Sub Total		3429 ⁰⁰
		less 40%		2057 ⁴⁰
CC 5965	92 SKS	Pon Blend I A Cement	1242 ⁰⁰	1242 ⁰⁰
CC 5965	1464 ⁰⁰	Bentonite Gel	439 ⁰⁰	439 ⁰⁰
		Sub Total		1681 ⁰⁰
				1008 ⁷⁵
			8%	SALES TAX 80 ⁰⁰
				ESTIMATED TOTAL 8146 ⁰²

AUTHORIZATION Adam TITLE _____ DATE 12/15/17

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.



MIDWEST SURVEYS

LOGGING • PERFORATING • CONSULTING • M.I.T. SERVICES

P.O. Box 68 • Osawatomie, KS 66064
Phone 913-755-2128 • Fax 913-755-6533

Perforation Record

Company: PIQUA PETRO, INC.

Lease/Field: STEVWE LEASE

Well: # 03-08

County, State: WABAUNSEE COUNTY, KANSAS

Service Order #: 36034

Purchase Order #: N/A

Date: 12/12/2017

Perforated @: 349.5 TO 350.5
CEMENT SQUEEZE

Type of Jet, Gun
or Charge 4 1/4" ALUM STICK JETS

Number of Jets,
Guns or Charges: THREE (3)

Casing Size: 5 1/2"