

**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.

\_\_\_\_\_  
(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

Form	CP4 - Well Plugging Record
Operator	Vess Oil Corporation
Well Name	SHUMWAY A 45
Doc ID	1378274

Casing Records

Casing	Size	Setting Depth	Pulled Out
Conductor	13.75	12	0
Surface	10.75	780	0
Surface	8.625	1265	0
Production	7.0	1625	0
Production	4.5	2423	0



PRESSURE PUMPING LLC

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

TICKET NUMBER 54811  
LOCATION FL Domingo, KS  
FOREMAN Fuzz

**FIELD TICKET & TREATMENT REPORT  
CEMENT**

KS

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
12-20-17		Shenway #45	11	26S	4E	BUTLER
CUSTOMER Uess Oil Corp			TRUCK #			
MAILING ADDRESS			DRIVER			
CITY			STATE			
ZIP CODE			TRUCK #			
			DRIVER			
			TRUCK #			
			DRIVER			

JOB TYPE AWP HOLE SIZE \_\_\_\_\_ HOLE DEPTH \_\_\_\_\_ CASING SIZE & WEIGHT 4 1/2 2300'  
 CASING DEPTH \_\_\_\_\_ DRILL PIPE \_\_\_\_\_ TUBING 2 3/8 OTHER \_\_\_\_\_  
 SLURRY WEIGHT \_\_\_\_\_ SLURRY VOL \_\_\_\_\_ WATER gal/sk \_\_\_\_\_ CEMENT LEFT in CASING \_\_\_\_\_  
 DISPLACEMENT \_\_\_\_\_ DISPLACEMENT PSI \_\_\_\_\_ MIX PSI \_\_\_\_\_ RATE \_\_\_\_\_

REMARKS: Safety meeting on Simmons Well Service. Rig up and attempt to establish circulation (had a flow). Mix 5 sacks class A 390cc @ 2294' (cutback on CIBP). Pull tbg. to 1630'. Mix 60 sacks class A 390cc w/100# hulls. wgt. of 1 1/2 hrs. Tag Al- @ 1025'. Pull all tbg. Attempt to circulate between 10 7/8" & 10 1/2" no luck. Attempt to circulate between 8 1/2" & 10" no. Circulate 4 1/2 / 7" and fill 4 1/2 from 725' to surface with 50 sacks 60/40 490cc 290cc.

Thanks Fuzz & crew

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
CE0451	1	PUMP CHARGE	1900 <sup>00</sup>	1900 <sup>00</sup>
CE0002	5	MILEAGE	72	360
CE07	3 Bulk Tks	Ten miles delivery @ min	660 <sup>00</sup>	1980 <sup>00</sup>
CE1105	1	4 1/2" strip & hand truck	300 <sup>00</sup>	300 <sup>00</sup>
W92402	3 hrs	80 BBL unc Trucks	100 <sup>00</sup>	300 <sup>00</sup>
W66159	6000 gal	city water	.02	120 <sup>00</sup>
CE5200A	65 sacks	Class A	20 <sup>00</sup>	1300 <sup>00</sup>
CE5229	50 sacks	60/40 pos 490cc	16 <sup>00</sup>	800 <sup>00</sup>
CE5375	300*	Calcium chloride	125	375 <sup>00</sup>
CE6080	100*	Carbon acid hulls	1 <sup>00</sup>	100 <sup>00</sup>
W92402	5 hrs	90 BBL unc	100 <sup>00</sup>	500 <sup>00</sup>
		subtotal		7675 <sup>00</sup>
				3453 <sup>00</sup>
		subtotal		4221 <sup>00</sup>
		SALES TAX		
		ESTIMATED TOTAL		

Ravin 3737

AUTHORIZATION [Signature] 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.



PRESSURE PUMPING LLC

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

TICKET NUMBER 54812  
LOCATION El Dorado, KS  
FOREMAN Fuzzy

**FIELD TICKET & TREATMENT REPORT  
CEMENT**

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
1-3-18	8511	Shunimway #45	11	26S	4E	Butler
CUSTOMER Uss Oil Corp						
MAILING ADDRESS 1700 Waterfront Bldg 500			TRUCK #	DRIVER	TRUCK #	DRIVER
CITY Wichita			446	Jeremy		
STATE KS			681	Bobby		
ZIP CODE 67206			692	Jud		
			773	Fuzzy		

JOB TYPE AWP HOLE SIZE \_\_\_\_\_ HOLE DEPTH \_\_\_\_\_ CASING SIZE & WEIGHT 13 3/8 / 10 3/4  
 CASING DEPTH \_\_\_\_\_ DRILL PIPE \_\_\_\_\_ TUBING \_\_\_\_\_ OTHER 7" / 10 3/4  
 SLURRY WEIGHT \_\_\_\_\_ SLURRY VOL \_\_\_\_\_ WATER gal/sk \_\_\_\_\_ CEMENT LEFT in CASING \_\_\_\_\_  
 DISPLACEMENT \_\_\_\_\_ DISPLACEMENT PSI \_\_\_\_\_ MIX PSI \_\_\_\_\_ RATE \_\_\_\_\_

REMARKS: Safety meeting on location. Rig up and mix 40 sks  
60/40 pos 490cc 190cc and top off 5 sides between  
13 3/8 / 10 3/4, 10 3/4 / 7" cement circulated to surface.  
Wash 50R 20min cement did not fall.

Thanks Fuzzy & Crew

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
CE2001	2 hrs (min)	PUMP CHARGE	250 <sup>00</sup>	500 <sup>00</sup>
CE0002	5	MILEAGE	75	N/C
CE0211	1.790 hr	Tow mileage Delivery (min)	660 <sup>00</sup>	660 <sup>00</sup>
WS2407	1 hr	80 btl vac Truck	100 <sup>00</sup>	100 <sup>00</sup>
WC6139	3000 gal	City water	.02	N/C
CC5829	40 sks	60/40 pos 490cc	16 <sup>00</sup>	640 <sup>00</sup>
CC5325	35 #	Calcium chloride	2 <sup>00</sup>	70 <sup>00</sup>
		subtotal		1970 <sup>00</sup>
		discount	4590	886 <sup>50</sup>
		subtotal		1083 <sup>50</sup>
		SALES TAX		
		ESTIMATED TOTAL		

Ravin 3737

AUTHORIZATION [Signature] 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.