

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
620-431-9210 or 800-467-8676

Look 1-A0

TICKET NUMBER 53929
LOCATION Ottawa, KS
FOREMAN Casey Kennedy

FIELD TICKET & TREATMENT REPORT

CEMENT API # 15-207-01708 00-00

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
1/9/18	1828	LOOK 1-A0	SE 23	26	14	WO
CUSTOMER Cott Energy Inc.						
MAILING ADDRESS 1112 Rhode Island Rd						
CITY Tola	STATE KS	ZIP CODE 66749				
TRUCK #	DRIVER	TRUCK #	DRIVER			
729	Cashen	✓	Safety Meeting			
4107	Kei Car	✓				
804	Mik Haa	✓				

JOB TYPE plug HOLE SIZE 5 1/2" HOLE DEPTH _____ CASING SIZE & WEIGHT 2 3/8"
 CASING DEPTH 1235 DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING full
 DISPLACEMENT _____ DISPLACEMENT PSI _____ MIX PSI _____ RATE 2 bpm

REMARKS: held safety meeting, established circulation through 1" tubing at casing ID, mixed & pumped 10 sks Class A cement w/ 2% gel per sk, pulled 1/2 tubing, mixed & pumped 10 sks cement, cement to surface, pulled 1" tubing from well, topped well off w/ 5 sks cement, ran 3/4" tubing in annulus to 260, mixed & pumped 15 sks cement, cement to surface, pulled 3/4" tubing from annulus, washed up tubing & equipment

Customer supplied H₂O

[Signature]

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
CE0450	1	PUMP CHARGE	1500.00	
CE0002		MILEAGE		
CE0711	1/2 min	ton mileage	330.00	
		trucks	1830.00	
		-40%	732.00	
		Subtotal		1098.00
CC5800A	40 sks	Class A cement	800.00	
CC5965	75 #	Gel	22.50	
		materials	822.50	
		-40%	329.00	
		Subtotal		493.50
		7.5%		
		SALES TAX		37.01
		ESTIMATED TOTAL		1628.51

SCANNED

AUTHORIZATION *[Signature]* TITLE _____ DATE 1/09/18

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 (2714.19)