

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

9454
 9455

TICKET NUMBER 53914

LOCATION Ottawa KS

FOREMAN Fred Mader

FIELD TICKET & TREATMENT REPORT
 CEMENT

Invoice # 811736

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
11-13-17	8147	Taylor/Bird # 11	NW 23	8	21	LV
CUSTOMER Thomas Well Service Inc			TRUCK #	DRIVER	TRUCK #	DRIVER
MAILING ADDRESS P.O. Box 97			712	Fred Mader		
CITY McLouth	STATE KS	ZIP CODE 66054	485	Har Bec		
			804	Al Mad		

JOB TYPE Plug HOLE SIZE 6 3/4" HOLE DEPTH 1840' CASING SIZE & WEIGHT N/A
 CASING DEPTH N/A DRILL PIPE 3 1/2" 125' TUBING _____ OTHER _____
 SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING Full
 DISPLACEMENT _____ DISPLACEMENT PSI _____ MIX PSI _____ RATE 4 BPM

REMARKS: Had Safety meeting. Rig run drill pipe to 1840'. ~~Put~~ Mix + Pump 25 SKS Cement @ TD. Pull drill pipe to Mississippi 1420'. Spud 15 SKS Cement. Pull drill pipe to 350'. Fill to surface with cement. Pull remaining drill pipe. Top off well w/ cement. Wash out drill pipe.

Hot Drilling.

Rig Supplied Water

Fred Mader

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
CE0450	1	PUMP CHARGE 495	1500.00	
CE0002	70 mi	MILEAGE 495	500.50	
CE0711	Minimum	Ten Miles Delivery 804	660.00	
		Sub Total	2660.50	
		Less 40%		1596.30
CC 5840	115 SKS	Poz Blend IA Cement	1552.50	
CC 5965	580*	Bentonite Gel	174.00	
		Sub Total	1726.50	
		less 40%		1035.90
		7.5%	SALES TAX	\$ 77.69
			ESTIMATED TOTAL	2709.89
				(4516.45)

Ravin 3737

AUTHORIZATION Dad John

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.

CK# 4917