

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



API# 15-207-29530-00.00

TICKET NUMBER 53972

LOCATION Ottawa

FOREMAN Alan Mader

PRESSURE PUMPING LLC
PO Box 884, Chanute, KS 66720
620-431-9210 or 800-467-8676FIELD TICKET & TREATMENT REPORT
CEMENT

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY			
2-26-18	1828	Layber 40	NE. 23	26	14	W.O.			
CUSTOMER Colt Energy									
MAILING ADDRESS 1112 Rhode Island									
CITY Tola		STATE KS	ZIP CODE 66749						
		TRUCK #		DRIVER		TRUCK #		DRIVER	
		730		Alan Mader		558		Keith DeF	
		495		Har Bee					
		558		Keith DeF					

JOB TYPE plug HOLE SIZE 6 3/4 HOLE DEPTH 1483 CASING SIZE & WEIGHT _____
 CASING DEPTH _____ DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT In CASING _____
 DISPLACEMENT _____ DISPLACEMENT PSI _____ MIX PSI 200 RATE 4 bpm

REMARKS: Held meeting. Established rate at TD. Mixed & pumped gel to fill hole followed by 55 sk Poz Blend IA plus 6% gel. Pulled drill steel to 800'. Mixed & pumped gel to fill well followed by 15 sk cement to fill 50' of hole. Pulled drill steel to 250' and filled well to surface with cement. Pulled steel out & topped off well.
55 sk TD 15 sk 800'
40 sk 250 to surface

Andy King Driller

Alan Mader

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
CE0450	1	PUMP CHARGE	495	1500 ⁰⁰
CE0002	30	MILEAGE	495	214 ⁵⁰
CE0711	mi	ton miles	558	660 ⁰⁰
		Sub		2374 ⁵⁰
		less 40%		949 ⁸⁰
				1424 ⁷⁰
CC5840	110	Poz blend IA	1485 ⁰⁰	
CC5965	804 #	gel	241 ⁸⁰	
		Sub		1726 ⁸⁰
		less 40%		690 ⁴⁸
				1035.22
			7.5	SALES TAX
				77 ⁶⁸
				ESTIMATED
				TOTAL
				2538 ¹⁰

Ravin 3737

AUTHORIZATION No rep

TITLE _____

DATE 4.30.18

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.