

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

810 E 7TH
 PO Box 92
 EUREKA, KS 67045
 (620) 583-5561



Cement or Acid Field Report
 Ticket No. **3783**
 Foreman Russell McCoy
 Camp Eureka

APT 15-019-19509-00-02

Date	Cust. ID #	Lease & Well Number	Section	Township	Range	County	State
3-14-18	1180	HARDY # 44	5	34	12	CO	KS
Customer S.M. OIL + GAS			Unit #	Driver	Unit #	Driver	
Mailing Address PO BOX 189			102	RICK			
City SKITOOK			110	AB			
State OK	Zip Code 74070	Safety Meeting RM RICK AB					

Job Type PT-A Hole Depth _____ Slurry Vol. 14 Bbl Tubing 2 3/8 1" HyDrill
 Casing Depth 1125' Hole Size 6 1/4 ? Slurry Wt. 13.8 Drill Pipe _____
 Casing Size & Wt. 4 1/2 Cement Left in Casing _____ Water Gal/SK 6.5 Other _____
 Displacement - Displacement PSI 750 Bump Plug to _____ BPM 2

Remarks: Safety Meeting Well Information, Tubing pulled into @ 380'
Run 2 3/8 w/over shot + 380' Run 1" HyDrill inside 2318 1" well
Not go below 380' wash + turn 1" lay out 1" HyDrill Rig to 2 3/8 Tubing
Pump full w/ 25 SK's 60/40 Pozmix 4% Gel good cement Returns to surface.
Pull 2 3/8 tubing, Rig back to 4 1/2 casing, Resume pumping cement down 4 1/2 @
650# mix 30 SK's cement PSI came up to 750# close well in w/ 750 PSF w/ 55
SK's TOTAL cement, wait 10 min Release PSF, NO FLOW BACK, CASING standing
Full of cement. JOB complete. TEAR DOWN.

THANK YOU
 Russell McCoy

Code	Qty or Units	Description of Product or Services	Unit Price	Total
C-105	1	Pump Charge	750.00	750.00
C-107	35	Mileage	3.95	138.25
C-203	55	SK's 60/40 Pozmix	12.75	701.25
C-206	200#	Gel = 4%	.20	40.00
C-118	370'	1" HyDrill	N.C.	N.C.
C-108A		Tow mileage BJK Truck	m.c.	345.00
				1974.50
			- 5%	
			Sales Tax	167.83

(107.12)
 2035.21

Authorization by Joel Potts Title CEO Total 2142.33

I agree to the payment terms and conditions of services provided on the back of this job ticket. Any amendments to payment terms must be in writing on the front of this job ticket or in the Customer's records at ELITE's office.