KOLAR Document ID: 1401785

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 #:				API No.	15					
Name:				Spot De	scription:					
Address 1:			.		Sec Tw	p S. R East West				
Address 2:					Feet from					
City: + + Contact Person: +					Feet from East / West Line of Section					
					Footages Calculated from Nearest Outside Section Corner:					
Phone: ()					NE NW	SE SW				
Type of Well: (Check one) Oil Well Gas Well OG D&A Cathodic Water Supply Well Other: SWD Permit #: ENHR Permit #: Gas Storage Permit #:					County: Well #: Well #:					
										Is ACO-1 filed? Yes
Producing Formation(s): List A	ll (If needed attach another	sheet)				(KCC District Agent's Name)				
Depth to	Top: Botto	m: T.D		Plugging Commenced:						
Depth to Top: Bottom: T.D					Plugging Completed:					
Depth to	Top: Botto	m:T.D	'	. ragging	g completed.					
Show depth and thickness of a	all water, oil and gas forma	ations.								
Oil, Gas or Water	Records		Casing Record (Surface, Conductor & Production)							
Formation	Content	Casing	Size		Setting Depth	Pulled Out				
Describe in detail the manner cement or other plugs were us		_				Is used in introducing it into the hole. If				
Plugging Contractor License #:				a						
Address 1:			Address 2:	:						
City:			\$	State:		Zip:+				
Phone: ()										
Name of Party Responsible for	r Plugging Fees:									
State of	County, _			, ss.						
	<i>3</i> , –			_	implayed of Onesates	Operator on obeyed decertibed				
(Print Name)				E	imployee 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.



API - 15.003.01165 101

Of Sticket NUMBER 53977

Of Standards

FOREMAN Alan Mades

PRESSURE PUMPING LLC
PO Box 884, Chanute, KS 68720
620-431-9210 or 800-467-8678

FIELD TICKET & TREATMENT REPORT

3-9-18 7: CUSTOMER TOWN 0:	1 VOLZ 287 th	L NAME & NUMBER ess M-7	SECTION SE TRUCK# 730	DRIVER ALAMAS	RANGE 2D TRUCK#	DRIVER
CUSTOMER TOWN 0; MAILING ADDRESS 16205 W CITY	1 Volz	ers M-7		DRIVER		
Town 0; MAILING ADDRESS 16205 W CITY	1 Volz					
16205 W						
16205 W	287 14	1	1 7672			
CITY	אמי –	I			July 14	Meet
	STATE	ZIP CODE	495	HarBer		
F a n la			675	Kei Det		
	KS	66071	558	Cas Ken		442
JOB TYPE Plus	HOLE SIZE_	HOLE DEP	11 650	CASING SIZE & WI		2.2
	DRILL PIPE_	TUBING			OTHERCASINGL/&	5
SLURRY WEIGHT	SLURRY VOL	557456	Vsk	CEMENT LEFT in	CASING VE	
DISPLACEMENT	DISPLACEME	-transfer with the second	J - M	RATE_ b	22 205	k
REMARKS: Held	1 : 11/	40	ite. M. xes	- 4 Junt	27 / 16	5452
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12 May	Pulled 300		V 1.4. (led	Well	D SULTO	acr
with 2	2 MORE SK					
2 2 2						
	727					Y
	40sk to	tal			10-1	
			10	nd Man		
Winton	vas there		4.60	al f		
ACCOUNT	QUANITY or UNITS	DESCRIPTION	of SERVICES or PR	ODUCT	UNIT PRICE	TOTAL
(E0450	7	PUMP CHARGE		495	15000	
CE0002	10		Gamess	495	7/50	
1.E0111		MINIMUM	ton	358	66000	
WE0853	- 3	80 vgv		675	3000	
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			hea		-101260	151896
						3
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						2885
					SALES TAX ESTIMATED	2885
Ravin 3737					SALES TAX ESTIMATED TOTAL	2883 1908- 3180 H

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.