

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
 620-431-8210 or 800-467-8878

TICKET NUMBER 53978

LOCATION Off Hwy

FOREMAN Alan Made

FIELD TICKET & TREATMENT REPORT
 CEMENT

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
3-15-18	1638	Black PPC-1	NE 10	T7	R2	Mi.
CUSTOMER <u>Ballen D:1</u>			TRUCK #			
MAILING ADDRESS <u>P.O. Box 352</u>			DRIVER			
CITY <u>Osawatomie</u>			TRUCK #			
STATE <u>KS</u>			DRIVER			
ZIP CODE <u>66064</u>			TRUCK #			
			DRIVER			

JOB TYPE plug HOLE SIZE _____ HOLE DEPTH _____ CASING SIZE & WEIGHT 2 7/8
 CASING DEPTH _____ DRILL PIPE _____ TUBING _____ OTHER perks 723'
 SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/Wk _____ CEMENT LEFT in CASING yes
 DISPLACEMENT _____ DISPLACEMENT PSI 600 MIX PSI 200 RATE 2 bpm

REMARKS: Held meeting. Established injection rate. Mixed & pumped 25%k Poz blend I-A plus 6% gel directly down well casing. Well pressured up to 600 PSI. Flushed well clean. Shut in Well with 400 PSI.

Terry Ballen was there
Alan Made

ACCOUNT CODE	QUANTITY of UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
CE0150	1	PUMP CHARGE	495	1500 ⁰⁰
CE0002	25	MILEAGE	495	1782 ²⁵
CE0711	Mi.	ten miles	558	660 ⁰⁰
WE0853	2	80 gal	675	202 ⁰⁰
		Sub		7538 ⁷⁵
		less	586	12693 ²⁵
				12693 ⁸⁰
CE0840	25	Poz Blend I-A	337 ⁵⁰	
CE5965	126 ⁷⁵	gel	37 ⁰⁰	
		Sub		37530 ⁰⁰
		less	5070	18765 ⁰⁰
				18765 ⁰⁰
				SALES TAX
				ESTIMATED
				TOTAL
				1501 ⁰⁰
				1472 ⁰⁴
				2949 ⁰⁴

Revin 3737
 AUTHORIZATION Terry was there TITLE _____ DATE _____