

**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 15-059-2926-00-01

TICKET NUMBER 53979

LOCATION Ottawa

FOREMAN Alan Mader

PRESSURE PUMPING LLC  
PO Box 884, Chanute, KS 66720  
620-431-9210 or 800-467-8678

FIELD TICKET & TREATMENT REPORT  
CEMENT

| DATE                | CUSTOMER # | WELL NAME & NUMBER | SECTION | TOWNSHIP  | RANGE   | COUNTY |
|---------------------|------------|--------------------|---------|-----------|---------|--------|
| 3-22-18             | 1828       | Salisbury #1       | NE 33   | 15        | 20      | FR     |
| CUSTOMER            |            |                    | TRUCK # | DRIVER    | TRUCK # | DRIVER |
| Celt Energy         |            |                    | 730     | Ala Mader | Safety  | Meat   |
| MAILING ADDRESS     |            |                    | 495     | Har Bec   |         |        |
| 112 Rhode Island Rd |            |                    | 675     | Kei Det   |         |        |
| CITY                | STATE      | ZIP CODE           |         |           |         |        |
| Fols                | KS         | 66719              |         |           |         |        |

JOB TYPE plug HOLE SIZE \_\_\_\_\_ HOLE DEPTH \_\_\_\_\_ CASING SIZE & WEIGHT 2 1/8  
 CASING DEPTH 776 DRILL PIPE \_\_\_\_\_ TUBING 1" 767' OTHER \_\_\_\_\_  
 SLURRY WEIGHT \_\_\_\_\_ SLURRY VOL \_\_\_\_\_ WATER gal/sk \_\_\_\_\_ CEMENT LEFT in CASING \_\_\_\_\_  
 DISPLACEMENT \_\_\_\_\_ DISPLACEMENT PSI \_\_\_\_\_ MIX PSI \_\_\_\_\_ RATE 1 bpm

REMARKS: Held meeting. Washed 1" to casing TD. Mixed & pumped 20 sk Poz Blend Th-A plus 27 gal 1# Phenoxal per sock. Circulated cement. Pulled 7" out and topped off well. Hooked directly to well and injected 5 sk of cement into well. Well pressured to and held 500 PSI. Closed valve.

*Alan Mader*

| ACCOUNT CODE | QUANTITY or UNITS | DESCRIPTION of SERVICES or PRODUCT | UNIT PRICE | TOTAL   |
|--------------|-------------------|------------------------------------|------------|---------|
| LEPN50       | 1                 | PUMP CHARGE                        | 495        | 1500.00 |
| CE0002       | 15                | MILEAGE                            | 495        | 107.25  |
| CE0711       | 1                 | minimum ton                        | 804        | 660.00  |
| WE0853       | 2                 | 80 GAL                             | 675        | 200.00  |
|              |                   | Sub                                |            | 2467.25 |
|              |                   | less 50%                           |            | 1233.63 |
|              |                   |                                    |            | 1233.63 |
| CC5842       | 25                | Poz Blend Th-A                     | 368.75     |         |
| CC5965       | 43 #              | gal                                | 12.90      |         |
| CC6079       | 25 #              | Phenoxal                           | 33.25      |         |
|              |                   | Sub                                |            | 415.90  |
|              |                   | less 50%                           |            | 207.95  |
|              |                   |                                    |            | 207.95  |
|              |                   | Sub (2015.80)                      |            |         |
|              |                   | 80%                                |            |         |
|              |                   | SALES TAX                          |            | 116.63  |
|              |                   | ESTIMATED TOTAL                    |            | 1457.94 |

AUTHORIZATION R.R. Allen TITLE \_\_\_\_\_ DATE 3/22/2017

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