KOLAR Document ID: 1405973

**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 #:			l APINo	o 15 -			
OPERATOR: License #:				Spot Description:			
			I -	•	wp S. R East West		
				Feet from			
City:         +				Feet from East / West Line of Section Footages Calculated from Nearest Outside Section Corner:			
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.				County: Well #: Well #: Date Well Completed: (Date) by: (KCC District Agent's Name) Plugging Commenced: Plugging Completed:			
Show depth and thickness of	all water, oil and gas for	mations.					
Oil, Gas or Wate	r Records		Casing Record (Surface, Conductor & Production)				
Formation	Content	Casing	Size	Setting Depth	Pulled Out		
	•	agged, indicating where the mu of same depth placed from (b	•		ds used in introducing it into the hole. If		
Plugging Contractor License #: Nam							
Address 1: Address			_ Address 2:	; 2:			
City:			State: _		Zip:+		
Phone: ( )							
Name of Party Responsible for	or Plugging Fees:						
State of	County	у,	, SS.				
(Print Name)				Employee 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.



PRESSURE PUMPING LLC

PO Box 884, Chanute, KS 66720 620-431-9210 or 800-467-8676 TICKET NUMBER 53931

GIV DLOCATION Office Key Keynody

FIELD TICKET & TREATMENT REPORT IN

CUSTOMER# WELL NAME & NUMBER SECTION TOWNSHIP RANGE COUNTY 110/18 Milleret Trust # 2 NW 27 20 12 W TRUCK# DRIVER TRUCK# DRIVER MAILING ADDRESS 8150 N. Central Expusa 467 CITY ZIP CODE 804 752d HOLE DEPTH\_1874 1 HOLE SIZE 6 3/4" CASING SIZE & WEIGHT, CASING DEPTH DRILL PIPE TUBING SLURRY WEIGHT SLURRY VOL WATER gal/sk DISPLACEMENT DISPLACEMENT PSI

Rig Supplied Has

ACCOUNT	QUANITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
Œ0450+		PUMP CHARGE	1500,00	-
(E00024	35 mi	MILEAGE	250.25	/
CEOTH &	nin	too nilage	10100.00	
		trucks	2410 24	,
		-30%	- 723,086	
1		Sobtotal		168717
56 5840	9655	Postland A rement	1296.00	01-
CC5965	484 #	Gel.	145.20	
		materials	1441.20	
		-30%	432.36	
		Subjetel		1008.84