

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.

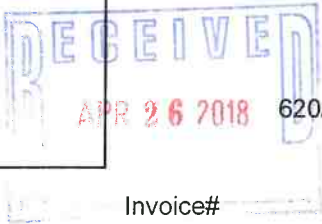
Plugging Contractor License #: _____ Name: _____
 Address 1: _____ Address 2: _____
 City: _____ State: _____ Zip: _____ + _____
 Phone: (_____) _____
 Name of Party Responsible for Plugging Fees: _____
 State of _____ County, _____, ss.
 _____ Employee of Operator or Operator on above-described well,
 (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



REMIT TO
 QES Pressure Pumping LLC
 Dept:970
 P.O.Box 4346
 Houston, TX 77210-4346



MAIN OFFICE

P.O.Box884
 Chanute,KS 66720
 620/431-9210,1-800/467-8676
 Fax 620/431-0012

Invoice

Invoice# 812930

Invoice Date: 04/23/18

Terms: Net 30

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VESS OIL CORPORATION

1700 WATERFRONT PKWAY BLD 500
 WICHITA KS 67206
 USA
 3166821537

ELWARD #2

Part No	Description	Quantity	Unit Price	Discount(%)	Total
CE0450	Cement Pump Charge 0 - 1500'	1.000	1,500.0000	40.000	900.00
CE0002	Equipment Mileage Charge - Heavy Equipment	60.000	7.1500	40.000	257.40
CE0711	Minimum Cement Delivery Charge	1.000	660.0000	40.000	396.00
CC5325	Calcium Chloride	350.000	1.2500	40.000	262.50
CC5800A	Class A Cement - Sack	170.000	20.0000	40.000	2,040.00
CC5965	Bentonite	500.000	0.3000	40.000	90.00
Subtotal					6,576.50
Discounted Amount					2,630.60
SubTotal After Discount					3,945.90

Amount Due 6,895.50 If paid after 05/23/18

Tax: 191.40

Total: 4,137.30



PRESSURE PUMPING LLC
PO Box 884, Chanute, KS 66720
620-431-9210 or 800-467-8676

10477
10307

TICKET NUMBER 55336

LOCATION Eldorado KS

FOREMAN Austin

FIELD TICKET & TREATMENT REPORT
CEMENT

Invoice #812930

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
4-17-18	8511	Eldorado #2	15	25S	6W	Reed
CUSTOMER Urss Oil			TRUCK #	DRIVER	TRUCK #	DRIVER
MAILING ADDRESS 1700 Waterfront Parkway, BLD 500			822	Austin		
CITY Wichita			446	Seaman		
STATE KS			375	Jude		
ZIP CODE 67206						

JOB TYPE Plug B HOLE SIZE 12 1/4 HOLE DEPTH _____ CASING SIZE & WEIGHT _____
 CASING DEPTH _____ DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING _____
 DISPLACEMENT _____ DISPLACEMENT PSI _____ MIX PSI _____ RATE _____

REMARKS: Safety meeting. Hooked up to 2 3/8 tubing set @ 900' broke circulation then pumped 10 CKS Crcl then 50 SKS Cement ran wireline toward cement @ 690' then set tubing @ 300' broke circulation then pumped 120 SKS to surface hole standing full

50 SKS 3% CC @ 900'
120 SKS 2% CC @ 300'

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
CE0450	1	PUMP CHARGE	1500.00	1500.00
CE0002	60	MILEAGE	7.15	429.00
CE0711	1	min bulk delivery	660.00	660.00
CCS325	350 #	Calcium Chloride	1.25	437.50
CCS800A	170	Class A Cement	20.00	3400.00
CCS965	500 #	Crcl	.30	150.00
		Subtotal	=	6576.50
		Discount	40%	2630.60
		total		3945.90

Ravin 3737 AUTHORIZATION T.B. TITLE _____ DATE 4/31/30
 SALES TAX ESTIMATED TOTAL = 191.40
 3945.90 + 191.40 = 4137.30

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.