

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
620-431-9210 or 800-467-8676

TICKET NUMBER 54040

LOCATION Ottawa, KS

FOREMAN Casay Kennedy

FIELD TICKET & TREATMENT REPORT

CEMENT API # 15-059-24183-00-00

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
6/13/18	1828	Pauline Scott # 7-W1	NW 33	15	20	FR

CUSTOMER <u>Colt Energy Inc.</u>		
MAILING ADDRESS <u>1112 Rhode Island Rd</u>		
CITY <u>Iola</u>	STATE <u>KS</u>	ZIP CODE <u>66749</u>

TRUCK #	DRIVER	TRUCK #	DRIVER
<u>729</u>	<u>Chiken</u>	<u>✓ Safety</u>	<u>Meeting</u>
<u>467</u>	<u>Kei Car</u>	<u>✓</u>	
<u>804</u>	<u>HarBec</u>	<u>✓</u>	
<u>675</u>	<u>Kei Det</u>	<u>✓</u>	

JOB TYPE <u>plug</u>	HOLE SIZE _____	HOLE DEPTH _____	CASING SIZE & WEIGHT <u>2 7/8"</u>
CASING DEPTH <u>762'</u>	DRILL PIPE _____	TUBING <u>755' - 1"</u>	OTHER _____
SLURRY WEIGHT _____	SLURRY VOL _____	WATER gal/sk _____	CEMENT LEFT in CASING <u>full</u>
DISPLACEMENT _____	DISPLACEMENT PSI _____	MIX PSI _____	RATE <u>2 bpm</u>

REMARKS: held safety meeting, established circulation through 1" tubing, washed tubing down to 755', mixed & pumped 15 sks Portland IA cement w/ 6% gel per sk, cement to surface, pulled 1" tubing from well, topped well off w/ cement, squeezed 5 sks cement w/ 5# Cottonseed hulls into well, pressured to 500 PSI, shot in casing, washed up tubing & equipment.

AKG

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
CE0450	1	PUMP CHARGE	1500.00	
CE0002	15 mi	MILEAGE	107.25	
CE0711	1 mi	1 mi mileage	660.00	
WE0853	2 hrs	80 Vac	200.00	
		trucks	2467.25	
		-40 %	986.90	
		subtotal		1480.35
CC5840	20 sks	Portland IA cement	270.00	
CC5965	101 #	Gel	30.30	
		materials	300.30	
		-40 %	120.12	
		subtotal		180.18
		8%		
		SALES TAX		14.41
		ESTIMATED TOTAL		1674.94

Revin 3737
 AUTHORIZATION *R.R. [Signature]* TITLE Inspector DATE 6/13/2018

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. (2291 57)