

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.

(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.

Submitted Electronically

810 E 7TH
PO Box 92
EUREKA, KS 67045
(620) 583-5561



Cement or Acid Field Report
Ticket No. **3985**
Foreman Kevin McCoy
Camp EUREKA

API #15-073-19881-00-00

Date	Cust. ID #	Lease & Well Number	Section	Township	Range	County	State
6-20-18	1000	ERRETT #7M	15	23S	13E	GW	KS
Customer <u>Trimble & MacLuskey OIL LLC</u>			Safety Meeting <u>KM</u> <u>RL</u> <u>DG</u> <u>ZA</u>	Unit # <u>102</u> <u>112</u> <u>141</u>	Driver <u>RICK L.</u> <u>Zevi A.</u> <u>DAVE G.</u>	Unit #	Driver
Mailing Address <u>P.O. Box 171</u>							
City <u>Gridley</u>	State <u>KS</u>	Zip Code <u>66852</u>					

Job Type Plug old well Hole Depth _____ Slurry Vol. _____ Tubing 2 3/8
Casing Depth 1762' Hole Size 7 7/8" Slurry Wt. _____ Drill Pipe _____
Casing Size & Wt. 5 1/2 Cement Left in Casing _____ Water Gal/SK _____ Other _____
Displacement _____ Displacement PSI _____ Bump Plug to _____ BPM _____

Remarks: Safety Meeting: RAN 2 3/8 Tubing inside 5 1/2 casing. Spot Cement Plugs as following.

15 SKS @ 1748'

GEL SPACER

15 SKS @ 846'

GEL SPACER

75 SKS FROM 252' TO SURFACE

Code	Qty or Units	Description of Product or Services	Unit Price	Total
C 105	1	Pump Charge	750.00	750.00
C 107	30	Mileage	3.95	118.50
C 203	105 SKS	60/40 Pozmix Cement	12.75	1338.75
C 206	360 *	Gel 4%	.20 *	72.00
C 206	400 *	Gel Spacer	.20 *	80.00
C 214	40 *	Hulls	.45 *	18.00
C 108 A	4.52 Tons	Ton Mileage	M/C	345.00
C 113	3 Hrs	80 BBL VAC TRUCK	85.00	255.00
C 224	3000 gals	City water	10.00/1000	30.00
			Sub TOTAL	3007.25
			Less 5%	161.64
			7.5% Sales Tax	225.54

Authorization Witnessed By BRIAN MacLuskey Title _____
KCC Agent MIKE HUFFORN

Total

3071.15

I agree to the payment terms and conditions of services provided on the back of this job ticket. Any amendments to payment terms must be in writing on the front of this job ticket or in the Customer's records at ELITE's office.

Invoice



Invoice #62109

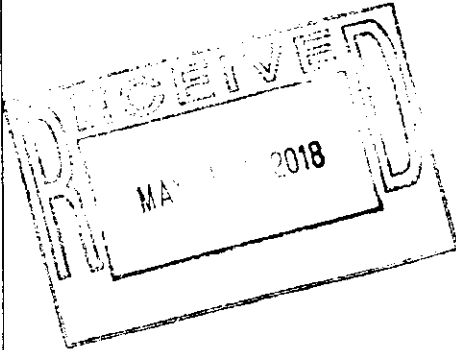
Invoice Date: 05/14/2018

P.O. DRAWER H
CHANUTE, KS 66720

(620) 431-9308

Bill To:

TRIMBLE & MACLASKEY OIL, LLC
BOX 171
GRIDLEY, KANSAS 66852

Date	Description	Hours/Qty	Amount
5/9/2018	ERRETT #7M GREENWOOD COUNTY, KANSAS PERFORATED TO PLUG WITH 2-1/8" STEEL SHOTS 2 SHOTS AT 850' 2 SHOTS AT 250'		500.00
5/9/2018	LOVETT #1 OLD GREENWOOD COUNTY, KANSAS PERFORATED TO PLUG WITH 2-1/8" STEEL SHOTS 2 SHOTS AT 850' 2 SHOTS AT 250'		500.00
5/9/2018	WARD #5 GREENWOOD COUNTY, KANSAS PERFORATED TO PLUG WITH 2-1/8" STEEL SHOTS 2 SHOTS AT 600' 2 SHOTS AT 250'		500.00
		Total	\$1,500.00
		Balance Due	\$1,500.00

THANK YOU. WE APPRECIATE YOUR BUSINESS!!

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