

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

10688 / 10577

TICKET NUMBER 55174

LOCATION Oakley KS

FOREMAN Travis Williams

FIELD TICKET & TREATMENT REPORT
CEMENT

Walt Pintel
Invoice #813173 KS

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
5/15/18	2777	Kronnawitter 127	27	14 S	34 W	Logan
CUSTOMER		Mailing Address				
Culbreath Oil and Gas		2501 South Yale Avenue				
CITY		STATE	ZIP CODE			
Tulsa		OK	74135			

TRUCK #	DRIVER	TRUCK #	DRIVER
753	Paul W		
366	Neil W		

JOB TYPE Surface HOLE SIZE 12 1/4 HOLE DEPTH 266 CASING SIZE & WEIGHT 8 5/8 - 27 lbs
 CASING DEPTH 266 DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT 14.8 SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING _____
 DISPLACEMENT 15 1/2 bbl DISPLACEMENT PSI _____ MIX PSI _____ RATE _____

REMARKS: Safety meeting, rig up on Southwind Rig #11, Circulate casing mix 180 Sk of Surface Blend II, 30% Calcium, 20% Gel Class A cement displace with bbls of water. Let shut in. Cement did circulate 4 bbls to pit

Thank You
Travis & crew

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
CE 0471	1	PUMP CHARGE	1150.00	1150.00
CE 0002	30 mi	MILEAGE	7.15	214.50
CE 0710	8.91 Tons	Ton Mileage	1.75	467.78
CE 5271	180 Sk	Surface Blend II	24.00	4320.00
			Sub total	6152.28
			30% Dis	1845.68
			New total	4306.60

Ravin 3737 AUTHORIZATION Wesley Pfoff TITLE Tool Pusher DATE _____
 SALES TAX 211.92
 ESTIMATED TOTAL 4518.52

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.