KOLAR Document ID: 1416571

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 #:			APIN	No. 15				
Name:								
Address 1:				Sec				
				Feet fron				
City:	State	:		Feet fron				
Contact Person:				Footages Calculated from Nearest Outside Section Corner:				
Phone: ()				NE NW	SE SW			
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				County: Well #: Date Well Completed: (Date) The plugging proposal was approved on: (Date)				
Producing Formation(s):	List All (If needed attach a	another sheet)	by:		(KCC District Agent's Name)			
De	epth to Top:	Bottom: T.D	Plugo	Plugging Commenced:				
De	epth to Top:	Bottom: T.D	"	, ,				
De	epth to Top:	Bottom:T.D		,g • •p. • . • . • . • . • . • . • .				
	ss of all water, oil and gas	s formations.						
	Water Records			Record (Surface, Conductor & Production)				
Formation	Content	Casing	Size	Setting Depth	Pulled Out			
		plugged, indicating where the			nods used in introducing it into the hole. If			
Plugging Contractor License #: Name:			Name:					
Address 1:			Address 2:					
City:			State	:				
Name of Party Responsi	ible for Plugging Fees:							
State of	Co	unty,	, SS.					
				Employee of Operator of	or Operator on above-described well,			
	(Print Na			=mpio, so oi opeiatoi o	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

2111-11161 20-17433 FT - 11060

TICKET NUMBER LOCATION OF FOREMAN (AS

DATE

FIELD TICKET & TREATMENT REPORT

620-431-92	210 or 800-467-8676	i	CEM	MENT				
DATE	CUSTOMER#	WELL NA	ME & NUMBER	SEC1	TON	TOWNSHIP	RANGE	COUNTY
7/20/18	5954	Pearson 4	# 114-L	SE	1	15	20	DG
CUSTOMER	enroc 5	nergy LLC		TRUC	26.8	DRIVER	TRUCK	DRIVER
MAILING ADDR	ESS	9/		729		asken v	Safely L	
120	o Shoreli	ne Dr		495		arBec	- where	working
CITY		STATE ZIP	CODE	548		do Wad		
Louish	שרם	KS 4	6053	675		(ei Dot		
JOB TYPE O	160	HOLE SIZE	HOLE D			SING SIZE & V	VEIGHT 3 %	S II
CASING DEPTH	1850	DRILL PIPE	TUBING				OTHER	
SLURRY WEIGH	нт	SLURRY VOL	WATER	gal/sk	CE	MENT LEFT In	CASING 4	u
DISPLACEMEN	т	DISPLACEMENT PS	I MIX PSI		RA	TE 260	m	
REMARKS: L	eld safet	v masting.	established	l circul	ation	throw	h I" to	ing at
Casing	TD . Mixel							Poor
sk, ceu	result to			416ine H		00 1	pood we	
w/58		ut hocto	4 1	" casin			11.0	cement
into we	ell, wash	ed is tel	who tes	Uipmen				
24 - 12			1 0			^	0	
							18	
						1	7	
							1	
ACCOUNT CODE	QUANITY	or UNITS	DESCRIPTION of SERVICES or PRODUCT			СТ	UNIT PRICE	TOTAL
CEOUSO	1	PUN	MP CHARGE				1500.00	
(£0002	20m	MIL	EAGE				143.00	
CEAZU	Agin	4	ton with	. 00			(ala) co	(;

CODE	QUANITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
CEOUSO	1	PUMP CHARGE	1500.00	
(£0002	20mi	MILEAGE	143.00	
CE0711	nin	ton nilonge	660,00	
WE0853	2 hrs	80 Vac	200.00	
		trucks	2503.00	
		-50 %	1251.50	
		Subtotal		1251.50
CC SROOA	30 Sts	Class A councit	600.00	
CC5965	30 ks 56 #	Gel	16.80	
		materials	-	
		-50 %	1308.40	
		Subtotal		308.40
		7.5%	SALES TAX	23.13
Ravin 3737	1 10		ESTIMATED	1583.03

AUTHORIZTION NO G Rep I acknowledge that the payment terms, unless specifically amended in writing on the front of the form or in the customer's

TITLE