

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

10854
10747

TICKET NUMBER 55204
LOCATION Oshtemo KS
FOREMAN Jerry Y

FIELD TICKET & TREATMENT REPORT
CEMENT

Invoice # 1813373 KS

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
6-7-18	3613	Bird 1-11	11	85	18W	Rooks
CUSTOMER <u>Hartman Oil</u>			Plainville 9 1/2 North Winton			
MAILING ADDRESS <u>10500 E. Berkley Square Hwy, Ste. 60</u>			TRUCK #	DRIVER	TRUCK #	DRIVER
CITY <u>Wichita</u> STATE <u>KS</u> ZIP CODE <u>67206</u>			<u>772-T-118</u>	<u>Travis</u>		
			<u>70</u>	<u>Joel S</u>		
			<u>535</u>	<u>Jerry Y</u>		

JOB TYPE plug HOLE SIZE 7 7/8 HOLE DEPTH 3570 CASING SIZE & WEIGHT _____
CASING DEPTH _____ DRILL PIPE 4 1/2 TUBING _____ OTHER _____
SLURRY WEIGHT 13.8 SLURRY VOL 1.42 WATER gal/sk _____ CEMENT LEFT in CASING _____
DISPLACEMENT _____ DISPLACEMENT PSI _____ MIX PSI _____ RATE _____

REMARKS: Safety meeting & rig up on WW-8 plug ordered with 300 sks 60/60
40 gal 1/4" #60 seal
50 sks @ 3488'
50 sks @ 1375'
100 sks @ 800'
50 sks @ 325'
20 sks @ 40' with 8 5/8 wood plug
30 sks Rot hole

Thank you
Jerry Y

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
CE0451	1	PUMP CHARGE	1900.00	1900.00
CE0002	40	MILEAGE	7.15	286.00
CE0710	12.9	ton mileage delivery	1.75	903.00
CC5829	300 sks	liteblend IV	16.00	4800.00
CC6075	75 #	flossol	3.00	225.00
CP8228	1	8 7/8 wood plug	165.00	165.00
			Subtotal	8279.00
			-30%	2483.70
			Subtotal	5795.30
			SALES TAX	254.30
			ESTIMATED TOTAL	6049.60

Ravin 3737

AUTHORIZATION Scott P. Adams

TITLE President

DATE 6/1/18

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.



PRESSURE PUMPING LLC
 PO Box 884, Chanute, KS 66720
 620-431-9210 or 800-467-8678

JM-10844
 PO-16905
 FT-10737

TICKET NUMBER 55167
 LOCATION Oakley KS
 FOREMAN Miles Shaw

FIELD TICKET & TREATMENT REPORT
 CEMENT

Invoice # 813365

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY	
6-2-18	3613	Bird 1-11	11	8S	18 W	Reels	
CUSTOMER Hartman oil		Pl. variable W on top 183		TRUCK #	DRIVER	TRUCK #	DRIVER
MAILING ADDRESS 10500 E. Berkley Square Parkway, Ste. 100		969 1/2 mi west side		703	Miles S		
CITY Wichita	STATE KS	ZIP CODE 67206		703	Miles S		
				17211-118	Travis W		
				70	Paul W		

JOB TYPE Surface HOLE SIZE 12 1/4" HOLE DEPTH 288' CASING SIZE & WEIGHT 8.57" 23#
 CASING DEPTH 287' DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT 148 SLURRY VOL 1.36 WATER gal/sk _____ CEMENT LEFT in CASING _____
 DISPLACEMENT 17 bbl DISPLACEMENT PSI _____ MIX PSI _____ RATE _____

REMARKS: Safety meeting and R.S up on W drilling R.3 #8 Circulate casing
Mix 200 sx Surface blend II Class A Cement with 3% colina 2 gal d-splace 17 bls
Water Shut in Cement did Circulate 3 1/2 top

Thanks Miles & crew

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
CE0171	1	PUMP CHARGE	1150.00	1150.00
CE0002	40	MILEAGE	7.15	286.00
CE0710	964 Tons	Ton 1/2 bag delay	660.00	660.00
CC5571	200 sx	Surface blend II	24.00	4800.00
			Subtotal	6896.00
			less 30% discount	2068.80
			Subtotal	4827.20
			7%	SALES TAX
			ESTIMATOR	235.20
			TOTAL	5062.40

Ravin 3737

AUTHORIZATION [Signature]

TITLE _____ DATE _____

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