

**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**

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



**Cement or Acid Field Report**  
 Ticket No. **4078**  
 Foreman *Kevin McCoy*  
 Camp *EUREKA*

Date	Cust. ID #	Lease & Well Number	Section	Township	Range	County	State
8-13-18	1087	Olsen-Anderson #26				SW	Ks
Customer	Mailing Address	City	State	Zip Code	Safety Meeting	Unit #	Driver
JB Nordmeyer OIL	2253 P Road	EUREKA	Ks	67045	KM DG JH ZA	105 110 141	DAVE G. JASON H. Zevi A.

Job Type *P.T.A.* Hole Depth \_\_\_\_\_ Slurry Vol. \_\_\_\_\_ Tubing *2 3/8*  
 Casing Depth \_\_\_\_\_ Hole Size \_\_\_\_\_ Slurry Wt. \_\_\_\_\_ Drill Pipe \_\_\_\_\_  
 Casing Size & Wt. *4 1/2* Cement Left in Casing \_\_\_\_\_ Water Gal/SK \_\_\_\_\_ Other \_\_\_\_\_  
 Displacement \_\_\_\_\_ Displacement PSI \_\_\_\_\_ Bump Plug to \_\_\_\_\_ BPM \_\_\_\_\_

Remarks: *SAFETY Meeting: Rig up to 2 3/8 Tubing. Spot Cement plugs as following inside 4 1/2 casing.*

*20 SKS @ 2110'  
 Gel Spacer  
 20 SKS @ 913'  
 Gel Spacer  
 20 SKS FROM 220' to SURFACE*

Code	Qty or Units	Description of Product or Services	Unit Price	Total
C105	1	Pump Charge	785.00	785.00
C107	15	Mileage	4.20	63.00
C203	60 SKS	60/40 Pozmix Cement	13.40	804.00
C206	200 #	Gel 4%	.21	42.00
C108	2.58 TONS	Ton Mileage	M/C	365.00
C113	2 HRS	80 BBL VAC TRUCK	90.00	180.00
C224	3300 GALS	City Water	10.00/1000	33.00
C206	400 #	Gel Spacer	.21	84.00
<i>THANK You</i>			Sub Total	2356.00
			Less 5%	126.63
			7.5% Sales Tax	176.70
Authorization _____ Title _____			Total	2406.07

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 #62200

Invoice Date: 08/10/2018

P.O. DRAWER H  
CHANUTE, KS 66720

Bill To:

NORDMEYER OIL, INC.  
362 90TH ROAD  
TORONTO, KS 66777

(620) 431-9308

Date	Description	Hours/Qty	Amount
8/9/2018	ANDERSON-OLSON #26 GREENWOOD COUNTY, KANSAS  PERFORATED TO PLUG WITH 2 1/8" STEEL SHOTS 2 SHOTS AT 900' 2 SHOTS AT 200'		625.00
		<b>Total</b>	\$625.00
		<b>Balance Due</b>	\$625.00