

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



PRE-SURE PUMPING LLC
PO Box 894, Chanute, KS 66720
820-431-8210 or 800-467-8676

FIELD TICKET & TREATMENT REPORT
CEMENT

Invoice # 813971

11410
11328

TICKET NUMBER 55250
LOCATION Palloys
FOREMAN Walt Dinkel

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
8-14-18	1112	Olsen #8	21	123	33W	Logan
CUSTOMER	Abarcrombie Energy, LLC		TRUCK #	DRIVER	TRUCK #	DRIVER
MAILING ADDRESS	5510 Oil Center, Road South		731	Cory Davis		
CITY	STATE	ZIP CODE	693	Steve Chiswick		
Great Bend	KS	67530	17	Walt Dinkel		

JOB TYPE PTA HOLE SIZE 7 7/8 HOLE DEPTH _____ CASING SIZE & WEIGHT _____
 CASING DEPTH _____ DRILL PIPE 4 1/2 x 4 TUBING _____ OTHER _____
 SLURRY WEIGHT 13.5 SLURRY VOL _____ WATER GALLS _____ CEMENT LEFT IN CASING _____
 DISPLACEMENT _____ DISPLACEMENT PSI _____ MAX PSI _____ RATE 4 BPM
 REMARKS: Safety Meeting, Rig up on 8/14, Plug as ordered

50 SKS 2600' 260 SKS 69/64 Spool 1/4" Flt Seal
 100 SKS 1550'
 50 SKS 445'
 10 SKS 240' w/ wooden Plug
 30 SKS R.H.
 20 SKS W.H.
Thank you Walt & crew

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
Co 451	1	PUMP CHARGE	1500.00	1500.00
Co 2	15	MI LEAGE	7.15	107.25
Co 711	16.18	Ten mileage Delivery	1.25	660.00
Co 5829	260 SKS	Lite weight Blended V	16.00	4160.00
Co 6025	KS#	Flt Seal	3.00	195.00
CP 8228	1	5 5/8 wooden Plug	165.00	165.00
SCANNED				
		Loss 3008 Disc		6187.25
				2036.18
				4751.08
		SALES TAX 8%		253.17
		ESTIMATED TOTAL		5004.90

17804
 AUTHORIZATION [Signature] TITLE _____ DATE _____
 Permit 3737

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.