

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 7TH
 PO Box 92
 EUREKA, KS 67045
 (620) 583-5561



Cement or Acid Field Report
 Ticket No. **4088**
 Foreman DAVE G.
 Camp EUREKA

API # 15-015-22716

Date	Cust. ID #	Lease & Well Number	Section	Township	Range	County	State
8-28-18	1005	Bloestem Unit 8 A	16	24S	5E	Butler	Ks
Customer <u>TRIPower Resources, LLC</u>			Unit #		Driver		Unit #
Mailing Address <u>Box 849</u>			105		DAVE G.		
City <u>ARDmore</u>			110		Zevi A.		
State <u>OK</u>			121		Greg M.		
Zip Code <u>73402</u>							
Safety Meeting <u>DE ZA GM</u>							

Job Type P.T.A. old well 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: RAN 2 3/8 Tubing to 2505'. Spot 25 SKS CLASS 'A' Cement w/ 2 1/2% CACL2 w/ Hulls @ 2505'. PULL Tubing up to 1903'. Wait 1 1/2 HRS. RAN wire Line, Tag Top of Cement inside 4 1/2 @ 2169' = 336' Plug. PULL Tubing. PERFORATE 4 1/2 @ 260'. Rig up to 4 1/2. BREAK Circulation w/ fresh water. MIXED 108 SKS CLASS 'A' Cement w/ 2 1/2% CACL2. Good Cement to SURFACE. 4 1/2 ID & ANNULUS STANDING FULL OF Cement. Job Complete. Rig down.

Code	Qty or Units	Description of Product or Services	Unit Price	Total
C 105	1	Pump Charge	785.00	785.00
C 107	0	Mileage LEFT TRUCK ON LOCATION	0	N/C
C 200	133 SKS	CLASS 'A' Cement	15.75	2094.75
C 205	310 #	CACL2 2 1/2 %	.63	195.30
C 108A	6.25 TONS	TON Mileage	M/C 365.00	365.00
C 214	45 #	Hulls	.50	22.50
<u>THANK You</u>			Sub Total	3462.55
<u>M</u>			Sales Tax	225.07
6.5%				

Authorization Witnessed By GARY Reed Title _____ Total 3687.62

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.