

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.

(Print Name) ☐ Employee of Operator or ☐ 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.

Submitted Electronically

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



#99973

Cement or Acid Field Report
Ticket No. **4125**
Foreman KEVIN McCoy
Camp EUREKA

API # 15-073-01794

Date	Cust. ID #	Lease & Well Number	Section	Township	Range	County	State
9-12-18	1038	BURKETT D #DS1	23	23S	10E	GW	Ks
Customer CROSSBAR Energy LLC			Unit #		Driver		
Mailing Address 1700 N. WATERFRONT PKWY Bldg 300 STE A			105		DAVE G.		
City Wichita			113		JASON H.		
State Ks							
Zip Code 67206-6614							

Job Type P.T.A. old well Hole Depth _____ Slurry Vol. 33 BBL Tubing 2 3/8"
Casing Depth _____ Hole Size N/A Slurry Wt. _____ Drill Pipe _____
Casing Size & Wt. 7" 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. Pump 400 * Gel w/ HULLS Ahead of Cement.
Spot 25 SKS Cement @ 1026'. Pull Tubing. Rig up to 7" Casing. (7" PERFORATED @ 150')
BREAK Circulation w/ Fresh water. Mixed 85 SKS 60/40 Pozmix Cement w/ 4% Gel.
Good Cement to Surface. Shut down. Annulus Standing Full of Cement. 7" ID Falling
BACK. Rig down. Let Cement Set up. Going to Top off w/ Cement on 9-13-18.

9-13-18 Rig up. Top off 7" ID w/ 20 SKS Cement

Code	Qty or Units	Description of Product or Services	Unit Price	Total
C 105	1	Pump Charge	785.00	785.00
C 107	15	Mileage 1 ST Well of 2	4.20	63.00
C 205	130 SKS	60/40 Pozmix Cement	13.40	1742.00
C 206	450 #	Gel 4%	.21 *	94.50
C 206	400 #	Gel Spacer	.21 *	84.00
C 214	45 #	Hulls	.50 *	22.50
C 108 A	5.59 Tons	Ton Mileage	M/C	365.00
			Sub Total	3156.00
			Less 5%	157.80
			Sales Tax	236.70
			Total	3223.06

Authorization Witnessed By Stuart Woodie Title _____
KCC Agent Mike Heffern

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.