

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



Cement or Acid Field Report

Ticket No. **4126**

Foreman KEVIN McCoy

Camp EUREKA

API 15-073-01795

Date	Cust. ID #	Lease & Well Number	Section	Township	Range	County	State
9-12-18	1038	BURKETT D #D8	23	23S	10E	GW	Ks
Customer CROSS BAR ENERGY LLC Mailing Address 1700 N. WATERFRONT PKWY Bldg 300 STE A City Wichita State Ks Zip Code 67206-6614			Safety Meeting KM DG	Unit #	Driver	Unit #	Driver
			105	DAVE G.			
			113				

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. 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 500 # Gel w/ HULLS Ahead of Cement. Spot 25 SKS Cement @ 2084'. Pull Tubing up to 891' Spot 20 SKS Cement @ 891'. Pull Tubing out of hole. Rig up to 7" Casing. (7" was perforated @ 900' & @ 150') BREAK Circulation w/ Fresh water. Mixed 165 SKS 60/40 Pozmix Cement w/ 4% Gel. Good Cement to SURFACE. Shut down. Annulus Standing Full of Cement. 7" ID FALLING BACK ON SLOW VACUUM. Shut down for the day to Let Cement Set up. Going to Top off w/ Cement on 9-13-18.

9-13-18 Top off 7" ID & Annulus of 7" w/ 80 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	0	Mileage 2 nd well of 2	0	N/C
C 203	290 SKS	60/40 Pozmix Cement	13.40	3886.00
C 206	995 #	Gel 4%	.21*	208.95
C 206	500 #	Gel Spacer	.21*	105.00
C 214	45 #	Hulls	.50*	22.50
C 108 A	12.47 Tons	Ton Mileage	M/C	365.00
			Sub Total	5372.45
			Less 5%	
			Sales Tax	402.93
				5775.38

Authorization Witnessed By STUART Woodie Title _____ Total _____
KCC Agent Mike McFREEN

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.