

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



PRESSURE PUMPING LLC
 PO Box 884, Chanute, KS 66720
 620-431-9210 or 800-467-8676

10889

10781

TICKET NUMBER 55177

LOCATION Oakley KS

FOREMAN Travis Williams

FIELD TICKET & TREATMENT REPORT
 CEMENT

Walt Dinkel
 INVOICE # 813408 KS

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
6/11/15	2777	Miner R F32	32	9 S	26 W	Sheridan
CUSTOMER Culbreath Oil + Gas		Mailing Address 3501 South Yale Avenue		CITY Tulsa		STATE OK
Mailing Address 3501 South Yale Avenue		CITY Tulsa		STATE OK		ZIP CODE 74135
TRUCK #		DRIVER		TRUCK #		DRIVER
772-1118		Paul W				
70		Eric W				
17		Travis W				
697		Walt D				

Grainfield
 N to Rd
 400 E to
 100 S to
 1/2 E line

JOB TYPE Surface HOLE SIZE 12 1/4 HOLE DEPTH 268 CASING SIZE & WEIGHT 8 5/8 - 23 lb.
 CASING DEPTH 270 DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT 14.8 SLURRY VOL 1.36 WATER gal/sk _____ CEMENT LEFT in CASING _____
 DISPLACEMENT 15 3/4 bbls. DISPLACEMENT PSI _____ MIX PSI _____ RATE _____

REMARKS: Safety meeting, rig up on Southwind Drilling Rig #1, Circulate casing and mix 250 Sx of Surface Blend II, Class A, 30% Calcium, 2% Ggd, displace with 15 3/4 bbls of water, shut in, cement did circulate, 4 bbls to pit

Thanks
 Travis + Crew

10924

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
CE 0471	1	PUMP CHARGE	1150.00	1150.00
CE 0002	40	MILEAGE	7.15	286.00
CE 0710	12.38 Tons	Ton Mileage	1.75	866.60
CC 5871	250 Sx	Surface Blend II	24.00	6000.00
			Sub Total	8302.60
			30% Dis.	2490.78
			New Total	5811.82
			SALES TAX	357.00
			ESTIMATED TOTAL	6168.82

AUTHORIZATION [Signature] TITLE _____ DATE _____

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.



10943
10834

TICKET NUMBER 55172
LOCATION Oakley KS
FOREMAN Miles Shaw

RE PUMPING LLC
PO Box 100, Chanute, KS 66720
620-431-9210 or 800-467-8676

FIELD TICKET & TREATMENT REPORT
CEMENT

Invoice # 813462

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
6-19-18	2777	Minium R 1-32	32	9 S	26 W	Sheridan
CUSTOMER <u>Culbreath</u>			TRUCK #			
MAILING ADDRESS <u>3501 South Yale Avenue</u>			DRIVER			
CITY <u>Tulsa</u>			TRUCK #			
STATE <u>OK</u>			DRIVER			
ZIP CODE <u>74135</u>			TRUCK #			
			DRIVER			

JOB TYPE PTA HOLE SIZE 7 7/8" HOLE DEPTH 4180' CASING SIZE & WEIGHT _____
 CASING DEPTH _____ DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT 138 SLURRY VOL 1.4 WATER gal/sk _____ CEMENT LEFT in CASING _____
 DISPLACEMENT _____ DISPLACEMENT PSI _____ MIX PSI _____ RATE _____

REMARKS: Safety meeting and R.S. upon Southwind drilling R.S. #1 Plus as ordered
2 Plus 50' @ 2294'
2 Plus 100' @ 1395'
3 Plus 50' @ 310'
4 Plus 10' @ 40' w/plus
30' BH 285 5x60' @ 40' @ 110'
1552 MH

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
<u>CE0450</u>	<u>1</u>	<u>PUMP CHARGE</u>	<u>1500.⁰⁰</u>	<u>1500.⁰⁰</u>
<u>CE0002</u>	<u>35</u>	<u>MILEAGE</u>	<u>7.15</u>	<u>250.25</u>
<u>CE0710</u>	<u>11.09 TONS</u>	<u>Ton mileage delivery</u>	<u>67.76</u>	<u>679.26</u>
<u>CE5829</u>	<u>17078 Pcs</u>	<u>Lite Ur. sh hand II</u>	<u>11.⁰⁰</u>	<u>4080.⁰⁰</u>
<u>CE8228</u>	<u>1</u>	<u>8 7/8" Occident Plus</u>	<u>165.⁰⁰</u>	<u>165.⁰⁰</u>
			<u>Subtotal</u>	<u>6674.51</u>
			<u>Loss 30' @ 67.76</u>	<u>2002.35</u>
			<u>Subtotal</u>	<u>4672.16</u>
			SALES TAX	<u>252.58</u>
			ESTIMATED TOTAL	<u>4924.74</u>

Ravin 3737

AUTHORIZATION [Signature] TITLE Tool Pusher DATE 6-19-18

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