

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. **4157**
Foreman Russell McCoy
Camp Eureka

Date	Cust. ID #	Lease & Well Number	Section	Township	Range	County	State	
9-20-18	1,000	Kelly # 6 OIL	14	23	13	Coffey	KS	
Customer <u>Trimble + MacLuskey Oil LLC</u>			Safety Meeting <u>pm</u>		Unit #	Driver	Unit #	Driver
Mailing Address <u>P.O. Box 171</u>					102	AB		
City <u>Grialey</u>					110	Caleb		
State <u>KS</u>					145	Steve		
Zip Code <u>66852</u>					126	Rock		

Job Type P.T.A (OIL well) Hole Depth _____ Slurry Vol. 60 Bbl Tubing 2 3/8
Casing Depth 1802 Hole Size UNKNOWN Slurry Wt. 13.8 Drill Pipe _____
Casing Size & Wt. 7" Cement Left in Casing _____ Water Gal/SK 6.5 Other _____
Displacement _____ Displacement PSI _____ Bump Plug to _____ BPM _____

Remarks: Safety meeting + Job Procedure

NOTE Gel spacer's
Between Plugs
SPOT 25 SK's @ 1769'
SPOT 25 SK's @ 850'
SPOT 185 SK's 250' to Surface
235 SK's total

Note 9-20-18 TOP Plug we lost circulation w/ cementing top plug.
Let cement set up, 9-21-18 Recement 250 to Surface Hole stayed Full
of cement. Job complete, Tear Down.

Code	Qty or Units	Description of Product or Services	Unit Price	Total
C-105	1	Pump Charge	785.00	785.00
C-107	25	Mileage	4.20	105.00
C-203	235	SK's 60/40 P-2 mix	13.40	3149.00
C-206	800 #	Gel = 490	.21	168.00
C-206	400 #	Gel Gel SPACER	.21	84.00
C-214	135 #	HULLS	.50	67.50
C-108T	10 Ton	Ton mileage X 25 miles	1.40/mile	365.00
C-113	4 hr	80 Bbl vac TIC	90.00	360.00
				5,083.50
			59%	<2210.10>
			Sales Tax	330.43
Authorization <u>witnessed by Randy</u> Title <u>owner</u>				Total 5143.23

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.

Invoice



Invoice #62210

Invoice Date: 08/17/2018

P.O. DRAWER H
CHANUTE, KS 66720

(620) 431-9308

Bill To:

TRIMBLE AND MACLASKEY OIL,
LLC.
BOX 171
GRIDLEY, KANSAS 66852

Date	Description	Hours/Qty	Amount
8/16/2018	KELLY #6 COFFEY COUNTY, KANSAS PERFORATE TO PLUG WITH 2 1/8" STEEL SHOTS 2 SHOTS AT 850' 2 SHOTS AT 250'		500.00
8/16/2018	F. JONES #13 WOODSON COUNTY, KANSAS PERFORATED TO PLUG WITH 2 1/8" STEEL SHOTS 2 SHOTS AT 850' 2 SHOTS AT 250'		500.00
8/16/2018	F. JONES #1 WOODSON COUNTY, KANSAS PERFORATE TO PLUG WITH 2 1/8" STEEL SHOTS 2 SHOTS AT 250'		500.00
8/16/2018	F. JONES #3 WOODSON COUNTY, KANSAS PERFORATED TO PLUG WITH 2 1/8" STEEL SHOTS 2 SHOTS AT 250'		500.00
		Total	\$2,000.00
		Balance Due	\$2,000.00

THANK YOU. WE APPRECIATE YOUR BUSINESS!!