

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

Jm 11394
PO-17778
FT-11282

TICKET NUMBER 55248
LOCATION Oakley, KS
FOREMAN Walt Dunkel

FIELD TICKET & TREATMENT REPORT
CEMENT

Invoice # 813921

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
8-11-18	2727	Breedan 1-30	30	95	26 W	Sheridan
CUSTOMER <u>Colbreath</u>		MAILING ADDRESS <u>3501 South Yale Avenue</u>		CITY <u>Tulsa</u>		STATE <u>OK</u>
ZIP CODE <u>74135</u>		TRUCK #		DRIVER		TRUCK #
TRUCK #		DRIVER		TRUCK #		DRIVER
TRUCK #		DRIVER		TRUCK #		DRIVER

JOB TYPE <u>PTA</u>	HOLE SIZE <u>7 7/8</u>	HOLE DEPTH <u>1-5+E</u>	CASING SIZE & WEIGHT
CASING DEPTH	DRILL PIPE	TUBING	OTHER
SLURRY WEIGHT <u>13.5</u>	SLURRY VOL	WATER gal/sk	CEMENT LEFT IN CASING
DISPLACEMENT	DISPLACEMENT PSI	MIX PSI	RATE

REMARKS: Safety Meeting, rig up on Southwind #8, Plug as ordered

<u>50 SKS @ 2270'</u>	
<u>100 SKS @ 1375'</u>	<u>2.55 SKS 60# Uaper, 4% Gel, 1/4" # Flor Seal</u>
<u>50 SKS @ 315'</u>	
<u>10 SKS @ 40' w/ Plug</u>	
<u>30 SKS in RH</u>	
<u>15 SKS in WH</u>	

Thank You
Walt Dunkel

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
<u>Co0450</u>	<u>1</u>	<u>PUMP CHARGE</u>	<u>1,500.00</u>	<u>1,500.00</u>
<u>Co0002</u>	<u>40</u>	<u>MILEAGE</u>	<u>7.15</u>	<u>286.00</u>
<u>Co0710</u>	<u>10.97</u>	<u>Ton mileage Delivery</u>	<u>1.75</u>	<u>768.00</u>
<u>CC5829</u>	<u>2.55 SKS</u>	<u>Lite-Weight Blend V</u>	<u>16.00</u>	<u>4080.00</u>
<u>CC6075</u>	<u>64#</u>	<u>Flor Seal</u>	<u>3.00</u>	<u>192.00</u>
<u>CP8228</u>	<u>1</u>	<u>8 5/8 Woodson Plug</u>	<u>165.00</u>	<u>165.00</u>
				<u>6,991.00</u>
			<u>-30%</u>	<u>2,097.30</u>
				<u>4,893.70</u>
		<u>8.5%</u>	<u>SALES TAX</u>	<u>264.00</u>
			<u>ESTIMATED TOTAL</u>	<u>5,157.70</u>

AVIN 3737
AUTHORIZATION Walt Dunkel 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.



PRESSURE PUMPING LLC

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

11282
11172

TICKET NUMBER 55231
LOCATION Oakley Ks
FOREMAN Jerry Y

FIELD TICKET & TREATMENT REPORT
CEMENT

Invoice # 813809 KS

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY	
8-4-18	2777	Breeder 1-30	30	9S	26 ^W	Sheridan	
CUSTOMER		Greatfield N to 462 E to 90 1S E into		TRUCK #	DRIVER	TRUCK #	DRIVER
MAILING ADDRESS				731	Cory D		
3501 South Yale Avenue				693	Neil W		
CITY		STATE		ZIP CODE			
Tulsa		OK		74135			

JOB TYPE Surface HOLE SIZE 12 1/4 HOLE DEPTH 268 CASING SIZE & WEIGHT 8 5/8 2.3 #
 CASING DEPTH 266 DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT 14.8 SLURRY VOL 1.24 WATER gal/sk _____ CEMENT LEFT in CASING 20'
 DISPLACEMENT 15 1/2 bbl DISPLACEMENT PSI _____ MIX PSI _____ RATE _____

REMARKS: Safety meeting & rig up on Southwind 8 circulate casing mix 275 sks
common 38 cc 28 gal wash up & displace with 15 1/2 bbl H2O & shut in
approx 6 bbl to pot

cement did
circulate

Thank you
Jerry & crew

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
CE0471	1	PUMP CHARGE	1150.00	1150.00
CE0002	40	MILEAGE	7.15	286.00
CE0710	1293	ton mileage delivery	1.75	905.10
CC5871	275 sks	surface blend II	24.00	6600.00
			Subtotal	8941.10
			-308	2682.33
			Subtotal	6258.77
			SALES TAX	392.70
			ESTIMATED TOTAL	6651.47

RAVIN 3737 AUTHORIZATION William Sedor TITLE _____ DATE _____

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