

**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

TICKET NUMBER 55500

LOCATION Bethany, KS

FOREMAN Casey Kennedy

FIELD TICKET & TREATMENT REPORT

CEMENT 15-003-23054

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
10/30/18	1828	JCB Miller #7	N629	22	19E	AN
CUSTOMER <u>Colt Energy, Inc.</u>			TRUCK #	DRIVER	TRUCK #	DRIVER
MAILING ADDRESS <u>P.O. Box 388</u>			729	Casey	✓ Safety	Meeting
CITY <u>Toila</u>			495	KeiCar	✓	
STATE <u>KS</u>			558	HarBec	✓	
ZIP CODE <u>66749</u>						

JOB TYPE plug HOLE SIZE 6.25 HOLE DEPTH 918 CASING SIZE & WEIGHT 2.875  
 CASING DEPTH 916 DRILL PIPE \_\_\_\_\_ TUBING \_\_\_\_\_ OTHER \_\_\_\_\_  
 SLURRY WEIGHT \_\_\_\_\_ SLURRY VOL \_\_\_\_\_ WATER gal/sk \_\_\_\_\_ CEMENT LEFT in CASING full  
 DISPLACEMENT \_\_\_\_\_ DISPLACEMENT PSI \_\_\_\_\_ MIX PSI \_\_\_\_\_ RATE 2 bpm

REMARKS: held safety meeting, established circulation through 1" tubing at casing TD, mixed & pumped 25 sks Class A cement w/ 26 gal per sk, cement to surface, pulled 1" tubing from well, topped well off & squeezed w/ 5 sks cement, washed up tubing & equipment.

Customer supplied H<sub>2</sub>O

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
CE0450	1	PUMP CHARGE	1500.00	
CE0002	—	MILEAGE	—	
CE0711	1/3 min	fuel mileage	220.00	
		trucks	1720.00	
		-40%	1032.00	
		subtotal		1032.00
CC5800A	30 sks	Class A cement	600.00	
CC5905	56 #	Gel	16.80	
		materials	616.80	
		-40%	246.72	
		subtotal		370.08
		8%		
		SALES TAX		29.61
		ESTIMATED TOTAL		1431.69

Ravin 3737

AUTHORIZATION R. R. [Signature]

TITLE \_\_\_\_\_

DATE 10/30/2018

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.

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