

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

810 E 7TH
 PO Box 92
 EUREKA, KS 67045
 (620) 583-5561



Cement or Acid Field Report
 Ticket No. **4051**
 Foreman Kevin McCoy
 Camp EUREKA

Date	Cust. ID #	Lease & Well Number	Section	Township	Range	County	State
7-26-18	1283	VARNER #1-29	29	25S	4E	Butler	Ks
Customer	Mailing Address	City	State	Zip Code	Safety Meeting	Unit #	Driver
P.T. OIL LLC	26661 S. Docking Rd. P.O. Box 232	OSAGE CITY	Ks	66523	KM AM 2A	104	ALAN M.
						112	Zevi A.

Job Type P.T.A. New Well Hole Depth 2690' Slurry Vol. _____ Tubing _____
 Casing Depth _____ Hole Size _____ Slurry Wt. _____ Drill Pipe 4"
 Casing Size & Wt. _____ Cement Left in Casing _____ Water Gal/SK _____ Other _____
 Displacement _____ Displacement PSI _____ Bump Plug to _____ BPM _____

Remarks: Safety Meeting: Rig up to 4" Drill Pipe. Spot Cement Plugs As Following.
35 SKS @ 259'
25 SKS 60' to SURFACE
30 SKS R.H.

Code	Qty or Units	Description of Product or Services	Unit Price	Total
C 103	1	Pump Charge	1050.00	1050.00
C 107	25	Mileage	3.95	98.75
C 203	90 SKS	60/40 Pozmix Cement	12.75	1147.50
C 206	310 #	GeL 4%	.20 #	62.00
C 108 A	3.87 TONS	TON Mileage	M/C	345.00
			Sub Total	2703.25
			Less 5%	139.09
			Sales Tax 6.5%	78.62
Authorization <u>Witnessed By CHRIS</u> Title <u>C#6 Drilg Toolpusher</u>			Total	<u>2642.78</u>

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.

810 E 7TH
 PO Box 92
 EUREKA, KS 67045
 (620) 583-5561



Cement or Acid Field Report
 Ticket No. **4035**
 Foreman Russell McCoy
 Camp Eureka

Date	Cust. ID #	Lease & Well Number		Section	Township	Range	County	State
7-23-18	1083	VARNER 1-29		29	25	4	Butler	KS
Customer			Safety Meeting Rm AM AB	Unit #	Driver	Unit #	Driver	
P.T. Oil LLC				104	Alan M			
Mailing Address				110	AB			
26661 S Docking Road 232								
City		State	Zip Code					
Osage City		KS	66523					

Job Type SURFACE Hole Depth 12 1/4 216' Slurry Vol. 26 Tubing _____
 Casing Depth 209 G.L. Hole Size 12 1/4 Slurry Wt. 15 # Drill Pipe _____
 Casing Size & Wt. 8 5/8 Cement Left in Casing 20' Water Gal/SK 6.5 Other _____
 Displacement 12 1/2 Displacement PSI _____ Bump Plug to _____ BPM 5

Remarks: Safety meeting, Rig to 8 5/8 casing, Break circulation w/ 10 Bbl water
Mix + Pump 110 SK's Regular cement w/ 3% CC 2% Gel 1/4 Floccle @ 15 #
= 26 Bbl Slurry w/ city h2o Displace w/ 12 1/2 Bbl Fresh water. Good cement
Returns to surface = 4 Bbl Slurry. Close 8 5/8 casing in. Job complete
TEAR DOWN. THANK YOU
Russell McCoy

Code	Qty or Units	Description of Product or Services	Unit Price	Total
A-101	1	Pump Charge	840.00	840.00
A-107	25	Mileage	3.95	98.75
C-200	110	SK's Regular CLASS A cement	15.00	1650.00
C-205	310	CAcl2 = 3%	.60	186.00
C-206	200	Gel = 2%	.20	40.00
C-209	25 #	Floccle 1/4 # per/sk	2.25	56.25
C-108A		Tow Mileage	M/C	345.00
			Sub TOTAL	3216.00
			- 5%	167.08
			Sales Tax	125.60
Authorization by <u>Perry</u> Title <u>owner</u>			Total	<u>3174.52</u>

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