

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

Form CP-4
March 2009

Type or Print on this Form
Form must be Signed
All blanks must be Filled

WELL PLUGGING RECORD
K.A.R. 82-3-117

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. **4442**
 Foreman Russell McLoy
 Camp Eureka

API 15-207-21735-00-01

Date	Cust. ID #	Lease & Well Number	Section	Township	Range	County	State
4-11-19	11000	Mills m-4	24	25	13	WOODSON	KS
Customer			Safety Meeting	Unit #	Driver	Unit #	Driver
Trimbale + MacLasky Oil LLC				102	Zevi		
Mailing Address				112	Caleb		
Po. Box 171				141	Steve		
City							
Gridley							
State	Zip Code						
KS	66852						

Job Type P.T.A. old well Hole Depth _____ Slurry Vol. 22 Tubing 2 3/8
 Casing Depth PBTD 1492 Hole Size N.A. Slurry Wt. 13.6 Drill Pipe _____
 Casing Size & Wt. 4 1/2 Cement Left in Casing _____ Water Gal/SK 6.5 Other _____
 Displacement 0 Displacement PSI _____ Bump Plug to _____ BPM 3 1/2

Remarks: safety meeting Plug well 15 SKs @ 1480
 15 SKs @ 700
 60 SKs 250 to surface
 90 SKs TOTAL

NOTE Gel spacer Between Plug.
 600# Cement to surface + stayed full

THANK YOU
Russell McLoy

Witnessed by Allen W/KCL

Code	Qty or Units	Description of Product or Services	Unit Price	Total
C-109	1	Pump Charge	785.00	785.00
C-107	20	Mileage	4.20	84.00
C-203	90	SKs 60/40 p.c mix	13.40	1206.00
C-206	300#	gel = 4%	.21	63.00
C-214	45#	cottensed Hulls mixed w cement	.50	22.50
C-108AT	3.87 Ton	Ton Mileage on BIK Truck	mic	365.00
C-113	2 hr	BO Bbl VAC Truck	90 Per/hr	180.00
C-224	3,300	city water	33.00	33.00
				2,738.50
			-5%	<144.00>
			7.5%	Sales Tax 205.39
Authorization by <u>Brian MacLasky</u> Title <u>cu/rep</u>				Total 2796.69

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.

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 PO Box 92
 EUREKA, KS 67045
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Trimble + MacLasky Oil LLC			102	Zevi			
Mailing Address			112	Caleb			
Po. Box 171			141	Steve			
City	State	Zip Code					
Gridley	KS	66852					

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MIDWEST SURVEYS, INC.

Invoice

PO BOX 68
 OSAWATOMIE, KS 66064
 913-755-2128

Date	Invoice #
1/24/2019	37053

Bill To
TRIMBLE & MACLASKEY OIL, LLC P.O. BOX 171 GRIDLEY, KANSAS 66852

Ship To
MILLS M-4 WOODSON CO, KS

Customer Order No.	Terms
J THWEATT	J THWEATT

Qty	Description	Amount
	PERFORATED THE WELL AT TWO (2) INTERVALS SO THE COULD SQUEEZE CEMENT PERFORTAED WITH 3 1/2" STICK JETS PERFED AT: 249.0 TO 250.0 699.0 TO 700.0	900.00
Net Due Upon Receipt		Total \$900.00
Late Charge of 1 - 1/2 % per Month on Accounts over 30 Days		

Phone #
913-755-2128