

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. **4373**
 Foreman Kevin McCoy
 Camp EUREKA

Date	Cust. ID #	Lease & Well Number	Section	Township	Range	County	State	
3-19-19	1165	King # 3	29	33S	2E	SUMNER	Ks	
Customer <u>B5 Operating, LLC</u>			Safety Meeting KM AM CG		Unit #	Driver	Unit #	Driver
Mailing Address <u>P.O. Box 45</u>					104	ALAN M.		
City <u>Wellington</u>					113	CALEB G.		
State <u>Ks</u>		Zip Code <u>67152</u>						

Job Type P.T.A old well Hole Depth _____ Slurry Vol. 23.5 BBL Tubing _____
 Casing Depth _____ Hole Size 7 7/8 Slurry Wt. 14.1 # Drill Pipe _____
 Casing Size & Wt. 5 1/2 Cement Left in Casing _____ Water Gal/SK 6.7 Other _____
 Displacement _____ Displacement PSI _____ Bump Plug to _____ BPM _____

Remarks: SAFETY Meeting: 5 1/2 PERFORATED @ 250'. Rig up to 5 1/2 casing. BREAK CIRCULATION w/ 5 BBL water w/ Good Fluid Returns to SURFACE ON ANNULUS OF 5 1/2. MIXED 95 SKS 60/40 Pozmix Cement w/ 4% GeL, 2% CaCl2 @ 14.1 #/GAL = 23.5 BBL Slurry. Good Cement to SURFACE. Shut down. Shut in well w/ Cement @ SURFACE. Job Complete. Rig down.

Code	Qty or Units	Description of Product or Services	Unit Price	Total
C 105	1	Pump Charge	785.00	785.00
C 107	60	Mileage	4.20	252.00
C 203	95 SKS	60/40 Pozmix Cement	13.40	1273.00
C 206	325 #	GeL 4%	.21 #	68.25
C 205	165 #	CaCl2 2%	.63 #	103.95
C 108 A	4.09 TONS	TON Mileage	M/C	225.00
			Sub Total	2707.20
			Less 5%	145.51
			7.5% Sales Tax	203.04
Authorization <u>Witnessed By Mitch Bartelso</u> Title _____			Total	2764.73

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.

Quality Wireline Services, LLC

Service Order No.
485

360 N. Hwy 281 • P.O. Box 468 • Pratt, Kansas 67124 • 620-388-2309 or 620-727-6964 • Fax 620-672-3663

Date 3-19-2019

Company <u>B5 Operating, LLC</u>			Client Order # <u>0W</u>	
Billing Address		City	State	Zip
Lease & Well # <u>King #3</u>		Field Name		Legal Description (coordinates)
County <u>Sumner</u>	State <u>Kansas</u>	Casing Size <u>5 1/2</u>		Casing Weight
Fluid Level (surface) <u>104'</u>	Reading From <u>KB</u>	Customer T.D.		Quality Wire Line T.D.
Engineer <u>S. Chesney</u>	Operator <u>J. Coleman</u>	Operator	Unit# <u>T02</u>	

Product Code	Description	Qty	Unit Price	Depth		\$ Amount
				From	To	
	Setting Depth	3200		0	3200	1500 ⁰⁰
	5 1/2 C.I.B.P.	1		3200		900 ⁰⁰
	Setting Depth	2500		0	2500	1500 ⁰⁰
	5 1/2 C.I.B.P.	1		2500		900 ⁰⁰
	Setting Depth	2300		0	2300	1500 ⁰⁰
	5 1/2 C.I.B.P.	1		2300		900 ⁰⁰
	5 Sx Cement Dump Bailer	2300		0	2300	1000 ⁰⁰
	Perf 3 1/8 HEC 1x4	4		250		1300 ⁰⁰
	<u>Service Charge</u>					1500 ⁰⁰

SUBTOTAL	<u>11,000⁰⁰</u>
DISCOUNT	<u>6,950.00</u>
SUBTOTAL	<u>4,050⁰⁰</u>
TAX	<u>303.75</u>
NET TOTAL	<u>4,353.75</u>

Customer _____