

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.

(Print Name) Employee of Operator or Operator on above-described well,

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
4449
 Ticket No. _____
 Foreman David Gardner
 Camp Eureka

Date	Cust. ID #	Lease & Well Number	Section	Township	Range	County	State
4-25-19	1097	L D Donley #20-1				Cowley	KS
Customer <u>Alton Oil LLC</u>			Safety Meeting DG JH CG		Unit # 105 114	Driver Jason Caleb	Unit # Driver
Mailing Address <u>P.O. Box 117</u>							
City <u>Winfield</u>	State <u>KS</u>	Zip Code <u>67156</u>					

Job Type P.T.A. Oldwell Hole Depth _____ Slurry Vol. 34 Bbl Tubing _____
 Casing Depth _____ Hole Size _____ Slurry Wt. 14[#] Drill Pipe _____
 Casing Size & Wt. 5 1/2" Cement Left in Casing _____ Water Gall/SK 6.5 Other _____
 Displacement _____ Displacement PSI _____ Bump Plug to _____ BPM _____

Remarks: Safety Meeting. Shot 5 1/2" casing off @ 1519'. Rig pulled casing up to 269'. Rig up to 5 1/2" casing. Mixed 120 sks 60/40 Pozmix Cement w/ 4% Gel @ 14#/gal, yield 1.36 = 29 Bbl slurry shut down. Good cement returns to surface. Rig pulled remaining 5 1/2" casing. Top well off w/ 20 sks cement. Well stayed full. Job complete. Rig down.

Total Cement = 140 sks = 34 Bbl Slurry.

Code	Qty or Units	Description of Product or Services	Unit Price	Total
C105	1	Pump Charge	785.00	785.00
C107	50	Mileage	4.20	210.00
C203	140 sks	60/40 Pozmix Cement	13.40	1876.00
C206	480 [#]	Gel @ 4%	.21	100.80
C108B	6.02 Tons	Ton Mileage - Bulk Truck	1.40	421.40
<i>Thank You</i>				
			Sub Total	3,393.20
			Less 5%	180.69
			6.5 % Sales Tax	220.56
Authorization _____ Title _____			Total	3,433.07

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.
0524

30060 N. Hwy 281 • P.O. Box 468 • Pratt, Kansas 67124 • 620-388-2309 or 620-727-6964 • Fax 620-672-3663

Date 4-25-19

Company <i>Quality Wireline Services, LLC</i>			Client Order # <i>0W</i>		
Billing Address <i>PO Box 117</i>		City <i>WILMINGTON</i>	State <i>KS</i>	Zip <i>67156</i>	
Lease & Well # <i>LD D... = 20-1</i>		Field Name		Legal Description (coordinates)	
County <i>COMBEE</i>	State	Casing Size	Casing Weight		
Fluid Level (surface)	Reading From	Customer T.D.	Quality Wire Line T.D.		
Engineer <i>D. Zell</i>	Operator	Operator	Unit# <i>01</i>		

Product Code	Description	Qty	Unit Price	Depth		\$ Amount
				From	To	
	<i>5 1/2 CIBP</i>					<i>9,000⁰⁰</i>
	<i>Setting charge @ 2915</i>					<i>1,500⁰⁰</i>
	<i>25K cement Dump Bore @ 2915</i>				<i>2915</i>	<i>8,100⁰⁰</i>
	<i>5 1/2 casing cut @ 1515</i>				<i>1515</i>	<i>2,100⁰⁰</i>
	<i>Service charge</i>					<i>1,500⁰⁰</i>

SUBTOTAL	<i>7,000⁰⁰</i>
DISCOUNT	
SUBTOTAL	<i>2,750⁰⁰</i>
TAX	
NET TOTAL	

Customer

Taylor Printing, Inc. • 620-672-3656

Donkey 2750.00
Shoot off pipe

