KOLAR Document ID: 1459467

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 #:			AP	I No. 1	5				
Name:				ot Des	cription:				
Address 1:						wp S. R East West			
Address 2:			_		Feet from	North / South Line of Section			
City:	State:	Zip:++	_		Feet from	East / West Line of Section			
Contact Person:				Footages Calculated from Nearest Outside Section Corner:					
Phone: ()					NE NW	SE SW			
Type of Well: (Check one) Oil Well Gas Well OG D&A Cathodic Water Supply Well Other: SWD Permit #: ENHR Permit #: Gas Storage Permit #:					County: Well #: Date Well Completed:				
Producing Formation(s): List A	•	,				(KCC District Agent's Name)			
Depth to	•	m: T.D	Plu	Plugging Commenced:					
Depth to		m: T.D	_{Plu}						
Depth to	Top: Botto	m: T.D							
Show depth and thickness of a	all water, oil and gas forma	ations.	<u> </u>						
Oil, Gas or Water	Records		Casing Reco	Record (Surface, Conductor & Production)					
Formation	Content	Casing	Size		Setting Depth	Pulled Out			
Describe in detail the manner cement or other plugs were us						ds used in introducing it into the hole. If			
Plugging Contractor License #: Name									
Address 1:			Address 2:						
City:			Sta	te:		Zip:+			
Phone: ()									
Name of Party Responsible fo	r Plugging Fees:								
State of Co			, s	S.					
	(Print Name)			Em	nployee 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.



PRESSURE PUMPING LLC
PO Box 884, Chanute, KS 66720
620-431-9210 or 800-467-8676

AUTHORIZTION

ICT 2243

ticket number 55632 LOCATION BYLOWA LKS FOREMAN LASEL Kennedy

FIELD TICKET & TREATMENT REPORT CEMENT

DATE	CUSTOMER#	WELL	NAME & NUM	BER	SECTION	TOWNSHIP	RANGE	COUNTY
8/15/19	4828	Lowe	#8		SW 29	16	22	MI
USTOMER	P Euterpr				TRUCK#	DRIVER	TRUCK#	DRIVER
AILING ADDRE	ESS /			1	729/89	Cacken	V Safety	
2997	5 India	appolis R	d		495/239	HarBec	V	
TY		SVATE	ZIP CODE	7	611/246	Alahad	-	
Paola		ks	66071		475/124	Kei Det		
DB TYPE P		HOLE SIZE		HOLE DEPT	н	CASING SIZE &	WEIGHT 27) ¹¹
ASING DEPTH	1691	DRILL PIPE		_TUBING		-	OTHER	
URRY WEIGHT SLURRY VOL WATER			WATER gal	Visk CEMENT LEFT in CASING				
SPLACEMENT	т	DISPLACEMENT	PSI	MIX PSI		RATE 3 50	M	
	uch salaby	maeting	estoblis	hed rai	te nuxa	t pumpe	ed 19 sks	L
belowd	1A cem	ent w	660 9	el per	St, pres	sured t	1500	PS,
in turks	casing.			V.				827
					ACADOMINA CONTRACTOR		\sim	
		VIII. 1 102-113				-	+U	
							15	
						-	T /	
							/-	
	-	22				.,		
ACCOUNT							T	·

ACCOUNT CODE	QUANITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
E2029		PUMP CHARGE	1000.00	
Œ0002	<u> </u>	MILEAGE		
CE0711	_	ton mileage		
wE0853	1 hr	80 Vac	100,00	
		trucks	1100.00	
		-60%	660.00	
		subtotal		440.00
CC5840	19 sts	Popland A curent	256.50	
CC5965	96 #	Gel	28.20	
C8092	5#	Co Houseed Hulls	5.00	
		materials	290.30	
		-100%	174.18	
		Subtotal		116.12
	5_31 1000			
		0.01		
		8%	SALES TAX	9.29
avin 3737			ESTIMATED TOTAL	565.41

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.

TITLE