

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
4559
 Ticket No. _____
 Foreman Russell McCoy
 Camp Eureka

API 15-073-21017-00-00

Date	Cust. ID #	Lease & Well Number	Section	Township	Range	County	State	
6-13-19	1,000	Gilroy # 21	6	25	13	G.W.	Ks	
Customer <u>Trimble + MacLasky Oil LLC</u>			Safety Meeting Rm. zevi AB Steve		Unit #	Driver	Unit #	Driver
Mailing Address <u>P.O. Box 171</u>					102	zevi		
City <u>Girdley</u>					110	AB		
State <u>Ks</u>					145	Steve		
Zip Code <u>66852</u>								

Job Type P.T.A. old well Hole Depth N.A. Slurry Vol. 26 Bbl Tubing 2 3/8 1/2"
 Casing Depth 1639 Hole Size N.A. Slurry Wt. 13.5 Drill Pipe _____
 Casing Size & Wt. 4 1/2 Cement Left in Casing _____ Water Gal/SK 6 Other _____
 Displacement - Displacement PSI _____ Bump Plug to _____ BPM 3

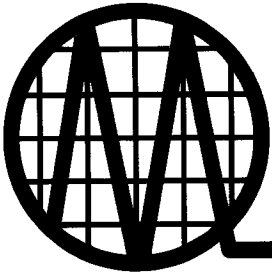
Remarks: Safety meeting + Job Procedure

15 SKs @ 1419'
 15 SKs @ 600'
 70 SKs @ 250' (30 SKs @ 250' Inside 4 1/2")
 100 SKs TOTAL (40 SKs 157' to Surface on Annulus)

NOTE'S WASH Down on Annulus of 4 1/2 w/ 1/2 PIPE SOLID @ 157'
 CALL Harry w/ KCC OK to Plug @ 157' on Annulus 250' to Surface on Inside of 4 1/2"
 Gel Spacers Between Plugs

Code	Qty or Units	Description of Product or Services	Unit Price	Total
C-105	1	Pump Charge	785.00	785.00
C-107	20	Mileage	4.20	84.00
C-203	100	SKs 60/40 P2mix	13.40	1340.00
C-206	350 #	Gel = 4%	.21	73.50
C-206	250 #	Gel For Gel Spacer	.21	52.50
C-214	45 #	cottonseed hulls mixed w/ cement	.50	22.50
C-108	4.3 Ton	Ton Mileage on Bulk Trk	n/c	365.00
C-113	4	hr 80 Bbl UAC Truck	90.00	360.00
C-224	3,000	gallons city water	10.00 per 1000	30.00
	160'	1/2 wash PIPE Rental w/ Wash Head	N.C.	N.C.
			590	3,112.50
		Sales Tax		< 168.00 > 249.00
Authorization	by <u>Brian MacLasky</u> Title <u>Col Rep</u>		Total	3193.42

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.



MIDWEST SURVEYS

LOGGING • PERFORATING • CONSULTING • M.I.T. SERVICES

P.O. Box 68 • Osawatomie, KS 66064
Phone 913-755-2128 • Fax 913-755-6533

Perforation Record

Company: TRIMBLE & MACLASKEY OIL, LLC

Lease/Field: GILROY LEASE

Well: # 21

County, State: GREENWOOD COUNTY, KANSAS

Service Order #: 37350

Purchase Order #: N/A

Date: 6/4/2019

Perforated @: 249.0 TO 250.0 2 PERFS
599.0 TO 600.0 2 PERFS
CEMENT SQUEEZE

**Type of Jet, Gun
or Charge** 3 1/2" STICK JETS

**Number of Jets,
Guns or Charges:** FOUR (4) PERFORATIONS

Casing Size: 4/12"

MIDWEST SURVEYS, INC.

Invoice

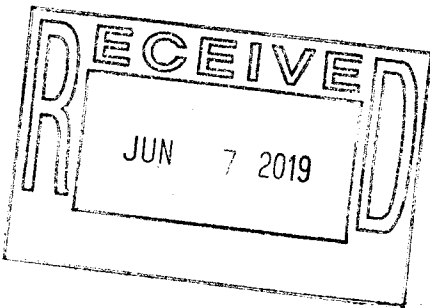
PO BOX 68
 OSAWATOMIE, KS 66064
 913-755-2128

Date	Invoice #
6/4/2019	37350

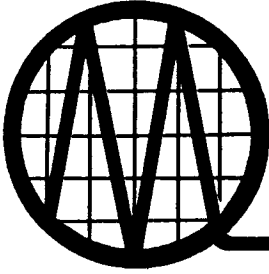
Bill To
TRIMBLE & MACLASKEY OIL, LLC P.O. BOX 171 GRIDLEY, KANSAS 66852

Ship To
GILROY 21 GREENWOOD CO, KS

Customer Order No.	Terms
J THWEATT	J THWEATT

Qty	Description	Amount
	PERFORATED THE WELL AT TWO (2) INTERVALS SO THEY COULD SQUEEZE CEMENT TO SURFACE. PERFORATED WITH 3 1/2 STICK JETS PERFORATED AT: 249.0 TO 250.0 599.0 TO 600.0	1,200.00
		
Net Due Upon Receipt	Late Charge of 1 - 1/2 % per Month on Accounts over 30 Days	Total \$1,200.00

Phone #
913-755-2128



MIDWEST SURVEYS

LOGGING • PERFORATING • M.I.T. SERVICES

P. O. Box 68
Osawatomie, KS 66064
913 / 755-2128

Date 6/4/19

TERMS AND CONDITIONS: Midwest Surveys is hereby instructed to deliver the equipment or perform the services ordered hereon or as verbally directed, under the terms and conditions printed on the reverse side of this order, which I have read and understand and which I accept as Customer or as Customer's Authorized Agent.

Service and/or Equipment Ordered Perforated for Pluggins

SIGN BEFORE COMMENCEMENT OF WORK

Customer's Name Trimble & Machaskey Oil LLC By _____
Customer's Authorized Representative

Charge to Trimble & Machaskey Oil LLC Customer's Order No. Tim Thwatt

Mailing Address _____

Well or Job Name and Number Gilroy # 21 County Greenwood State KANSAS

QUANTITY	DESCRIPTION OF SERVICE OR MATERIAL	PRICE
	<u>Perforated the well at Two (2) Intervals, so they could squeeze cement to surface</u>	<u>\$1200.00</u>
	<u>Perforated with 3 1/2 Stick Jet,</u>	
	<u>Perforated At 249.0 To 250.0</u>	
	<u>599.0 To 600.0</u>	

Total \$1200.00

The above described service and/or material has been received and are hereby accepted and approved for payment.

Customer's Name Trimble & Machaskey Oil LLC

By _____ Date 6/4/19

Customer's Authorized Representative

Serviced by Ray Winder

White — Customer

Canary — Accounting