

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



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

100254
40463

TICKET NUMBER 55989
LOCATION Oakley Ks.
FOREMAN Cory [Signature]

FIELD TICKET & TREATMENT REPORT
CEMENT

INVOICE # 900582
Ks.

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
3-12-19	2777	Wolf 1-19	19	105	31 W	Thomas
CUSTOMER	Culbreath oil & Gas		TRUCK #	DRIVER	TRUCK #	DRIVER
MAILING ADDRESS	3501 South Yale Avenue		753	Cory W	703	Cory D
CITY	STATE	ZIP CODE	70	Matadi U		walt D
Tulsa	OK	74135	helper	Xavier C		
			helper	Neil W		

JOB TYPE Surface HOLE SIZE 12 1/4 HOLE DEPTH 266 CASING SIZE & WEIGHT 8 5/8 24#
 CASING DEPTH 266 DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT 15.2 SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING 20'
 DISPLACEMENT 15.6 DISPLACEMENT PSI _____ MIX PSI _____ RATE _____

REMARKS: Safety meeting rig up on southwind rig #1 circ casing on Bottom. Hook up to pump truck mix 185 sks com 3% CC, 2% gel wash up & Displace 15.6 H2O shut in mix 100# salt & Displace.

Cement Did Circ.
Approx. sks to pit in cellers

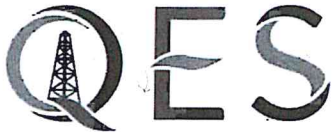
Thank you
from Cory & Crew

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
CE 0471	1	PUMP CHARGE	1,150.00	1,150.00
CE 0002	5	MILEAGE	7.5	37.5
CE 0711	8.7	Ten mileage Delivery min	1.75	660.00
CC 5871	185	Surface Blend II	24.00	4,440.00
CC 5326	100#	Salt N/C		
			Subtotal	6,285.75
			25% Disc	1,571.44
			Subtotal	4,714.31
			SALES TAX	266.40
			ESTIMATED TOTAL	4,980.71

Ravin 3797

AUTHORIZATION [Signature] TITLE [Signature] DATE _____

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.



PRESSURE PUMPING LLC

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

100297
4049A

TICKET NUMBER 56024
LOCATION Oakley
FOREMAN Jerry

FIELD TICKET & TREATMENT REPORT
CEMENT

Invoice # 900620 KS

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY	
3-24-19	2777	Wolf 1-19	19	10S	31W	Thomas	
CUSTOMER		MAILING ADDRESS		TRUCK #	DRIVER	TRUCK #	DRIVER
Culbreath		3501 South Yale Avenue		731	Cory D		
CITY		STATE		ZIP CODE			
Tulsa		OK		74135			

JOB TYPE <u>plug</u>	HOLE SIZE <u>2 7/8</u>	HOLE DEPTH <u>4749</u>	CASING SIZE & WEIGHT
CASING DEPTH	DRILL PIPE <u>4 1/2</u>	TUBING	OTHER
SLURRY WEIGHT <u>13.8</u>	SLURRY VOL <u>1.42</u>	WATER gal/sk	CEMENT LEFT in CASING
DISPLACEMENT	DISPLACEMENT PSI	MIX PSI	RATE

REMARKS: Safety meeting & rig up on Southwind to plug as ordered with 260 sks
60/40 48 1/4 PLO
50 sks @ 2604'
1005 sks @ 1880'
50 sks @ 315'
10 sks @ 40' with 8 5/8 wiper plug
20 sks MH
30 sks RH

Thank you
Jerry & crew

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
CE0451	1	PUMP CHARGE	1900.00	1900.00
CE0002	5	MILEAGE	7.15	35.75
CE0711	11.18	ten mileage delivery min	660.00	660.00
CC5829	260 sks	lite blend II	16.00	4160.00
CC6075	65 sks	Flowseal	3.00	195.00
CP8228	1	8 5/8 wood plug	165.00	165.00
			Subtotal	7115.25
			-25%	1728.94
			Subtotal	5336.81
			SALES TAX	271.20
			ESTIMATED TOTAL	5608.01

206
SCANNED

SCANNED

Ravin 3737

AUTHORIZATION W. P. M.

TITLE Tool Pusher

DATE 3-24-19