

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



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

100454
410652

TICKET NUMBER 55994

LOCATION Oakley Ks

FOREMAN Cory Davis

FIELD TICKET & TREATMENT REPORT
 CEMENT

Invoice # 900788

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY	
7-24-19	2777	Rohleder #1	7	8 ^s	26W	Graham	
CUSTOMER Culbreath oil & Gas inc			Horse ks STEAD 406				
MAILING ADDRESS 3501 South Yale Avenue			13 West to R110 IN 1/4 W 1/4				
CITY Tulsa		STATE OK	ZIP CODE 74135				
TRUCK #		DRIVER		TRUCK #		DRIVER	
753		Cory D					
566		Kaleb C					
703		Xavier C					

JOB TYPE PTA HOLE SIZE _____ HOLE DEPTH _____ CASING SIZE & WEIGHT _____
 CASING DEPTH _____ DRILL PIPE 4 1/2 TUBING _____ OTHER _____
 SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING _____
 DISPLACEMENT _____ DISPLACEMENT PSI _____ MIX PSI _____ RATE _____

REMARKS: Safety meeting rig up on STD Drilling circ. mud plug as ordered @ 2345'
 #1 Pump 5 BBL H2O ahead mix 8 BBL cement / 50 sks wash up with 5 BBL water Pump 2 min mud
 #2 @ 1450' mix 16 BBL cement / 100 sks Displace 5 BBL water
 #3 @ 325' mix 8 BBL cement / 50 sks Displace 2 BBL H2O
 #4 @ 40' Push 8 5/8 Plug down mix 2 BBL cement / 15 sks
 R.H. mix 4 BBL cement wash up & Rig down

Thanks Cory & Crew

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
CE0451	1	PUMP CHARGE	1900 ⁰⁰	1900 ⁰⁰
CE0002	30	MILEAGE	7 ¹⁵	214 ⁵⁰
CE0711	10.32	Ton mileage Delivery min	1 ⁷⁵	660 ⁰⁰
CC5829	240 sks	Lite-Weight Blend	16 ⁰⁰	3,840 ⁰⁰
CP8228	1	8 5/8 wooden Plug	165 ⁰⁰	165 ⁰⁰
			sub total	6,779.50
			25% Dis	1694.88
			sub total	5084.62
			SALES TAX	225.28
			ESTIMATED TOTAL	5309.91

Ravin 3737

[Signature]

[Signature]

AUTHORIZATION _____ TITLE _____ 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