

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

Form CP-4
March 2009

Type or Print on this Form
Form must be Signed
All blanks must be Filled

WELL PLUGGING RECORD
K.A.R. 82-3-117

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



PRESSURE PUMPING LLC
PO Box 804, Chanula, KS 67720
820-431-4210 or 800-457-4276

120445
40842

FIELD TICKET & TREATMENT REPORT

CEMENT APT # 15-207-24939

TICKET NUMBER 55596
LOCATION Chanula, KS
FOREMAN Casey Kennedy

120445

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
6/19/19	1828	Penley # 6-A0	SE 22	36	14	WYO
CUSTOMER	Coff Energy Inc					
MAILING ADDRESS	1112 Rhode Island Rd					
CITY	STATE	ZIP CODE	TRUCK #	DRIVER	TRUCK #	DRIVER
101a	KS	666749	729	Casey Ken	✓	Stacy Kennedy
			495	Heber	✓	
			725	Keiser	✓	

JOB TYPE Plug
 CASING DEPTH _____ HOLE SIZE 6 5/8"
 SLURRY WEIGHT _____ DRILL PIPE _____ TUBING _____
 SLURRY VOL _____ WATER GAUG _____ CEMENT LEFT IN CASING _____
 REMARKS: held safety meeting, established circulation thru drill steel at hole
 ID mixed + purged 1600 # Barite raised + purged 25 stc
 Redmond A cement w/ 2% Barite for SE w/ 10 # Colbyseal
 Halls grade discharge cement w/ steel water pulled drill steel
 to 790' purged + purged w/ 15 stc cement, pulled drill steel to
 250' mixed + purged 58 stc cement, cement to surface
 pulled drill steel thru hole top of well off w/ 15 stc cement,
 washed up drill steel + equipment.

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
WFO450	1	supplied Barite + H ₂ O	1500.00	
WFO002	30 mi	mileage	214.50	
WFO711	min	for mileage	660.00	
		trucks	234.50	
		-30%	712.35	
		Subtotal	1662.15	
WCS842	113 stcs	Redmond TA cement	16.65	
WCS680	10 #	Colbyseal Halls	10.00	
WCS965	194 #	Barite	58.20	
		materials	1734.95	
		-30%	520.49	
		Subtotal	1214.46	
			2876.61	