

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



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

TICKET NUMBER 56043
 LOCATION Oaklawn KS
 FOREMAN Jerry Y
Walt D

FIELD TICKET & TREATMENT REPORT
 CEMENT

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
6-17-19		Hagen - knitz 1-22	22	165	35W	Uichite
CUSTOMER <u>Culbreath</u>			Pence Wks 22 S to E 1/2 East Minto			
MAILING ADDRESS			TRUCK #	DRIVER	TRUCK #	DRIVER
CITY			566	Matt U		
STATE			535	Jerry Y		
ZIP CODE			1097	Walt D		

JOB TYPE Surface HOLE SIZE 12 1/4 HOLE DEPTH 292 CASING SIZE & WEIGHT 8 3/8 23#
 CASING DEPTH 290 DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT 14.8 SLURRY VOL 1.24 WATER gal/sk _____ CEMENT LEFT in CASING 20'
 DISPLACEMENT 17hbl DISPLACEMENT PSI _____ MIX PSI _____ RATE _____

REMARKS: Safety meeting + run upon STP circulate casing mix 200 sks com
390cc 28 gel w/ water & displace with 17hbl water & shot in
Circulated approx 3hbl to pit

Cement did circulate

Thank you

Jerry & crew

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
CE0471	1	PUMP CHARGE	1150.00	1150.00
CE0002	45	MILEAGE	7.15	321.75
CE0710	9.4	for mileage delivery	1.75	740.25
CE5871	200 sks	surface blend II	24.00	4800.00
			subtotal	7012.00
			-258	1753.00
			subtotal	5259.00
			SALES TAX	
			ESTIMATED TOTAL	

COPY

[Handwritten signature]

AUTHORIZATION [Signature] TITLE _____ DATE _____

I acknowledge that the payment terms, unless specifically amended in writing on the front of the form or in the customer's book 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

TICKET NUMBER 56135
 LOCATION Oakley, Ks
 FOREMAN Walt Dinkel

FIELD TICKET & TREATMENT REPORT
CEMENT

KS

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY	
6-28-19		Hagen-Tantz #1-22	22	16S	35W	Wichita	
CUSTOMER P. Olbreath			Pence west to Rd 22				
MAILING ADDRESS			2-South 1/2 East				
CITY		STATE	ZIP CODE	TRUCK #	DRIVER	TRUCK #	DRIVER
				731	Neil Wilton		
				70	Matadi Wierola		

JOB TYPE PTA HOLE SIZE 7 7/8 HOLE DEPTH 4883' CASING SIZE & WEIGHT _____
 CASING DEPTH _____ DRILL PIPE 4 1/2 XH TUBING _____ OTHER _____
 SLURRY WEIGHT 13.5 SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING _____
 DISPLACEMENT _____ DISPLACEMENT PSI _____ MIX PSI _____ RATE 4 BPM

REMARKS: Safety Meeting, rig up on STP Dels, Plug as ordered

50	SKS @	2520'	
80	SKS @	1560'	280 SKS 60/40 pin, 4% Col, 1/4# Fle Seal
50	SKS @	780'	
50	SKS @	330'	
20	SKS @	60'	
30	SKS in R H		

Thank You
 (Walt & crew)

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
Co0450	1	PUMP CHARGE	1,500 ⁰⁰	1,500 ⁰⁰
Co0002	45	MILEAGE	7 ¹⁵	321 ⁷⁵
Co0910	12.04	Ton Mileage Delivery	1 ⁷⁵	948 ¹⁵
CC5829	280 SK	Lite Weight Blend Y	16 ⁰⁰	4,480 ⁰⁰
CC6075	70 #	Fle Seal	3 ⁰⁰	210 ⁰⁰
CP8228	1	8 5/8 wooden Plug	165 ⁰⁰	165 ⁰⁰
				7,624 ⁹⁰
				1,906 ²³
				5,718 ⁶⁷
			SALES TAX	
			ESTIMATED	
			TOTAL	

Ravin 3737

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.