KOLAR Document ID: 1459473

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 #:			I	API No	. 15					
OPERATOR: License #:					Spot Description:					
			Sec Twp S. R East West							
			Feet from North / South Line of Section							
City: State: Zip: +					Feet from East / West Line of Section					
		·		Footages Calculated from Nearest Outside Section Corner:						
Phone: ()					NE NW	SE SW				
Water Supply Well ENHR Permit #:	Other:	OG D&A Cat SWD Permit #: as Storage Permit #: is well log attached? Yes		Lease I	Name:	Well #:				
Producing Formation(s): List	All (If needed attach a	nother sheet)				(KCC District Agent's Name)				
Depth t	to Top:	Bottom: T.D								
Depth t	to Top:	Bottom: T.D		Plugging Commenced:						
Depth t	to Top:	Bottom:T.D		riuggii	ig Completed					
Show depth and thickness of	all water, oil and gas	formations.								
Oil, Gas or Wate	er Records		Casing I	Casing Record (Surface, Conductor & Production)						
Formation	Content	Casing	Size		Setting Depth	Pulled Out				
		plugged, indicating where the ster of same depth placed from		•		ods used in introducing it into the hole. If				
Plugging Contractor License	Plugging Contractor License #: Name									
Address 1:			Address	2:						
City:				State: _		Zip:+				
Phone: ()				-						
Name of Party Responsible f	or Plugging Fees:									
State of	Co		, ss.							
				_ 🗍 [Employee of Operator or	Operator on above-described well,				
	ime)			,, opo.a.o. or						

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.



PRESSURE PUMPING LLC
PO Box 884, Chanute, KS 66720

ICT 2243

LOCATION Ottowa, KS
FOREMAN CASEL Kennedy

FIELD TICKET & TREATMENT REPORT

CUSTOMER CUSTOMER LYP Enterprises MALING ADDRESS 29975 Indianapolis Rel CITY Paola JOB TYPE PLAS HOLE SIZE HOLE DEPTH CASING BEPTH LISO DISPLACEMENT PSI MIX PSI REMARKS: held safely meeting established rate, nuised to broad 45 sts. REMARKS: held safely meeting established rate, nuised to broad 45 sts. REDOCO CEDOCO MILEAGE MILEAGE ACCOUNT CODE QUANITY or UNITS DESCRIPTION OF SERVICES OF PRODUCT DISPLACEMENT RATE DISPLACEMENT DISPLACEM	620-431-9210	0 or 800-467-8676			CEMEN	T			
CUSTOMER L P Enterprises L P Enterprises MAILING ADDRESS 29975 Indiangolio Rd Paola JOB TYPE Plug HOLE SIZE CASING DEPTH USO' DRILL PIPE SLURRY WEIGHT SLURRY VOL MEMARKS: Neld Safdy masting, Established role, mixed toward 45 Sts. Posting CEMENT LEFT IN CASING ACCOUNT CODE QUANITY or UNITS DESCRIPTION of SERVICES or PRODUCT WILEAGE LEOTI 15 win toward 16 Cope LEOTI 15 win toward 16 Cope LEOTI 15 win toward 16 Cope CESTO 45 Stc Posting 14 Ceweut W75 Stc CSSTO 45 Stc Posting 14 Ceweut W75 Stc CSSTO 45 Stc Posting 14 Ceweut W75 Stc CSSTO 45 Stc Posting 16 Ceweut W75 Stc CSSTO 45 Stc CSSTO 45 Stc Posting 16 Ceweut W75 Stc CSSTO 10 Stc	DATE	CUSTOMER#	WELL NAME	E & NUME			TOWNSHIP	RANGE	COUNTY
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