

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
620-431-8210 or 800-457-9676

100826
41022

TICKET NUMBER 55635

LOCATION Oftawa, KS

FOREMAN Jim Green

FIELD TICKET & TREATMENT REPORT

CEMENT API # 1505926934

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
07-26-19	2999	Clayton #GH 2	NW 1/4 29	15	21	FR
CUSTOMER CCH Holding			TRUCK # DRIVER TRUCK # DRIVER			
MAILING ADDRESS 3131 Virginia			669	Jim Gre		
CITY STATE ZIP CODE Wellsville Ks. 66092			495	Har Bee		
			369	Car Ken		
			611	Ala Mad		

JOB TYPE Plug Job HOLE SIZE _____ HOLE DEPTH _____ CASING SIZE & WEIGHT 2 1/8"
 CASING DEPTH 817' DRILL PIPE 777'-87' TUBING _____ OTHER _____
 SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING _____
 DISPLACEMENT _____ DISPLACEMENT PSI _____ MIX PSI _____ RATE _____

REMARKS: Hold safety meeting. Establish Rate. Mix and pump 20sk Poz Blend 1A with 6% Cd with Cotton seed Hulls in lead cement. Pressure well upto 800" PIZ. Leaving casing full of cement

Perf 777' to 787'

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
CE0456	1	PUMP CHARGE	1500	
CE0002	A	MILEAGE	0	
CE0711	1/4 min	Ton Mileage	11.50	
WE0857	1/2 HR	Vac TIC	150.00	
			1715.00	
			-55%	943.25
				771.75
CC5840	20sk	Poz Blend 1A	270	
CC5965	101"	Cd	30.30	
CC6080	10"	Cotton Seed Hulls	10	
			310.30	
			-55%	170.66
				139.64
			8%	
			SALES TAX	11.12

Rev'n 3737

AUTHORIZATION Clay Knight 7-26-14 TITLE _____

ESTIMATED TOTAL 2256
DATE (205012)

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.