KOLAR Document ID: 1470956

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 #: | | | | API No. | 15 | |
|---|------------------------------|------------------------------|------------|------------|----------------------------|---|
| Name: | | | | | escription: | |
| Address 1: | | | . | | Sec Tw | vp S. R East West |
| Address 2: | | | | | Feet from | |
| City: | State: | Zip: + | . | | Feet from | East / West Line of Section |
| Contact Person: | | | | Footage | es Calculated from Neares | st Outside Section Corner: |
| Phone: () | | | | | NE NW | SE SW |
| Type of Well: (Check one) | | OG D&A Cathodi SWD Permit #: | | , | | Well #: |
| ENHR Permit #: | Gas Sto | rage Permit #: | | | | |
| Is ACO-1 filed? Yes | No If not, is well | log attached? Yes | | | | oved on: (Date) |
| Producing Formation(s): List A | ll (If needed attach another | sheet) | | | | (KCC District Agent's Name) |
| Depth to | Top: Botto | m: T.D | | Plugging | a Commenced: | |
| Depth to | Top: Botto | m: T.D | | 00 (| • | |
| Depth to | Top: Botto | m:T.D | ' | i iuggiiis | g completed. | |
| | | | | | | |
| Show depth and thickness of a | all water, oil and gas forma | ations. | | | | |
| Oil, Gas or Water | Records | | Casing Re | cord (Su | urface, Conductor & Produc | tion) |
| Formation | Content | Casing | Size | | Setting Depth | Pulled Out |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| Describe in detail the manner cement or other plugs were us | | _ | | | | Is used in introducing it into the hole. If |
| | | | | | | |
| Plugging Contractor License # | : | | Name: | | | |
| Address 1: | | | Address 2: | | | |
| City: | | | ; | State: | | Zip:+ |
| Phone: () | | | | | | |
| Name of Party Responsible for | r Plugging Fees: | | | | | |
| State of | County, _ | | | , SS. | | |
| | · | | | | Employee of Operator or | Operator on above described |
| | (Print Name) | | | ⊑ | imployee 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.



100825

| TICKET NUMB | ER 55634 |
|-------------|-----------|
| LOCATION | Strawa Ks |
| EODEMAN C | Ting 100 |

PRESSURE PUMPING LLC

PO Box 884, Chanute, KS 66720 620-631-9210 or 800-467-8676 FIELD TICKET & TREATMENT REPORT

| | и 800-467-8676 | CEN | MENT APE | 15059 | 27059 | |
|--|---------------------------|---|-----------------------|---|---|----------|
| | | VELL NAME & NUMBER | SECTION | TOWNSHIP | RANGE | COUNT |
| 07-26-19 | 2999 (1 | auton GH3 | NW4129 | 15 | 21 | FR |
| USTOMER | 14 4.11. | , | 经 经生产人经济的特征 | BD9 FF | | |
| MAILING ADDRESS | A Holais | 79 | TRUCK # | DRIVER | TRUCK # | DRIVE |
| 31 | | 2 1 4 | 6/07 | Jun live | | |
| CITY | STATE | ZIP CODE | 369 | HUT BOC | | |
| wellsu | 11/0 1/ | 66092 | | 11 KP2 | | |
| OB TYPEP/4.5 | | | 6// | CASING SIZE & V | HEIGHT 27 | 1511 |
| ASING DEPTH_ | | 777.5-78 TruBING | | CASING GELL & | OTHER | <i>a</i> |
| LURRY WEIGHT | SLURRY VO | | gel/sk | CEMENT LEFT IN | | |
| ISPLACEMENT | DISPLACE | | | RATE | OAOIIIO | |
| | eld safery h | | | V I I I I I I I I I I I I I I I I I I I | x and | 14- 2 |
| 2054 | / | A with 62 | | | ton Sec | |
| b Leau | | Pressure wel | | | Leave | |
| well f | all of Cema | AT | 4710 3 | / / / | - C - V I | 79 |
| WELL T | all at CEME | 7.(| | | | |
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| | 11.7 | 1/11 | 71 /0 / | | | |
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| | | | | | | |
| ACCOUNT | QUANITY or UNITS | DESCRIPTION | ON of SERVICES or PRO | DOUCT | UNIT PRICE | TOTAL |
| CODE | QUANITY or UNITS | | ON of SERVICES or PRO | DOUCT | - 4 | TOTAL |
| CODE CEDY58 | QUANITY or UNITS | PUMP CHARGE | ON of SERVICES or PRO | DOUCT | 1500 | TOTAL |
| E GAUZ | 6 | PUMP CHARGE MILEAGE | | DOUCT | - 4 | TOTAL |
| CODE CEDYST EDDII | QUANITY OF UNITS | PUMP CHARGE MILEAGE | | DOUCT | 1500- | TOTAL |
| CODE DE DYSK E GD UT E O711 | 6 | PUMP CHARGE | | DOUCT | 1500 | TOTAL |
| CODE CEDYST ED711 | 6 | PUMP CHARGE MILEAGE | | | 15000 | |
| CODE CEDYST EDDII | 6 | PUMP CHARGE MILEAGE | | -577 | 1500 | |
| CODE DE 0458 E 00 UZ E 0711 DE 0857 | 6 | PUMP CHARGE MILEAGE | | | 15000 | |
| CODE CE 0458 E 00 UZ E 0711 DE 0857 | 1/4 min 1/2 HR | PUMP CHARGE MILEAGE TOM MI 100 UAL TK | ige | | 1500° 165° 50° 1715° 94525° | |
| CODE CE 0458 E 00 07 E 0711 DE 0857 | 1/4 min 1/2 HR 205k | PUMP CHARGE MILEAGE TOM MI 100 UAL TK | ige | | 1500° 165° 50°2 1715° 94325° | |
| CODE CE 0458 E 0102 E 0711 DE 0857 C 5840 C 5845 | 20 Sk | PUMP CHARGE MILEAGE TOM MI / LO VAL TK PAZ Blend Gel | d/A | | 1500° 165° 50° 1115° 24525° 270° 30,30 | |
| CODE CE 0458 E 010 E 0711 DE 0857 C 5840 C 5845 | 1/4 min 1/2 HR 205k | PUMP CHARGE MILEAGE TOM MI 100 UAL TK | d/A | | 1500° 165° 50° 1715° 270° 30,30 | |
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| CODE CE 0458 E 0102 E 0711 DE 0857 C 5840 C 5845 | 20 Sk | PUMP CHARGE MILEAGE TOM MI / LO VAL TK PAZ Blend Gel | d/A | | 1500° 165° 50° 1715° 270° 30,30 | 77[: |
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| CODE CE 0458 E 0711 DE0857 C 5840 C 5845 | 20 Sk | PUMP CHARGE MILEAGE TOM MI / LO VAL TK PAZ Blend Gel | d/A | -55% | 165° 50° 1115° 210° 270° 30,30 10° 310.30 17069 | 77/- |
| CODE CE 0458 E 0711 DE0857 C 5840 C 5845 | 20 Sk | PUMP CHARGE MILEAGE TOM MI / LO VAL TK PAZ Blend Gel | d/A | -557. | 1500 - 165 - 50 00 1715 00 1715 00 1743 25 00 270 00 30,30 10 | 77/ |

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.