

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

810 E 7TH
 PO Box 92
 EUREKA, KS 67045
 (620) 583-5561



Corrected

Cement or Acid Field Report
 Ticket No. **4610**
 Foreman David Gardner
 Camp Eureka

Date	Cust. ID #	Lease & Well Number	Section	Township	Range	County	State
7-26-19	1162	Rossillon #3				Coffey	KS
Customer Evans Oil Inc.			Safety Meeting DG JH CG SM	Unit #	Driver	Unit #	Driver
Mailing Address P.O. Box 67				105	Jason		
City Lebo				110	Caleb		
State KS				145	Steve		
Zip Code 66856							

Job Type P.T.A. Old well Hole Depth 1657' Slurry Vol. 30 Bbl Total Tubing 2 3/8"
 Casing Depth _____ Hole Size _____ Slurry Wt. 14" Drill Pipe _____
 Casing Size & Wt. 4 1/2" Cement Left in Casing _____ Water Gal/SK 6.5 Other _____
 Displacement _____ Displacement PSI _____ Bump Plug to _____ BPM _____

Remarks: Safety Meeting. Rig up to 2 3/8" Tubing. Plug well as follows:

15 SKS @ 1613' w/ Halls
Gel spacer
15 SKS @ 700' w/ Halls
Gel spacer
90 SKS @ 250' to Surface
120 SKS Total

Code	Qty or Units	Description of Product or Services	Unit Price	Total
C105	1	Pump Charge (1 st of 2 wells)	785.00	785.00
C107	40	Mileage	4.20	168.00
C203	120 SKS	100/40 Pozmix Cement	13.40	1608.00
C206	415 [#]	Gel @ 4%	.21	87.15
C108A	5.16 Tons	Ton Mileage - Bulk Truck	m/c	250.00
C206	200 [#]	Gel spacer	.21	42.00
C214	45 [#]	Halls	.50	22.50
C113	2 HRS.	80 Bbl Vac Truck	90.00/HR	180.00
C224	3300 Gals	City Water	10.00 / ¹⁰⁰⁰ / _{gal}	33.00
<u>Thank You</u>				
			Sub Total	3,175.65
			Less 5%	169.10
			Sales Tax	206.42
Authorization _____ Title _____			Total	3,212.97

I agree to the payment terms and conditions of services provided on the back of this job ticket. Any amendments to payment terms must be in writing on the front of this job ticket or in the Customer's records at ELITE's office.