

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

100585
40785

Invoice # 900928

TICKET NUMBER 56129
LOCATION Oakley, Ks
FOREMAN Walt Dinkel
~~Cory Davis~~

FIELD TICKET & TREATMENT REPORT
CEMENT

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
6-1-19	3613	Kansey 2-14	14	103	330	Thomas
CUSTOMER			TRUCK #	DRIVER	TRUCK #	DRIVER
Hartman Oil Sp. 100 North to RdC			731	Neil White		
MAILING ADDRESS			566	Walt Dinkel		
10500 E. Berkley Square Pkwy.						
CITY						
Wichita						
STATE						
KS						
ZIP CODE						
67206						

JOB TYPE Surface HOLE SIZE 12 1/4" HOLE DEPTH 34.5' CASING SIZE & WEIGHT 8 5/8-24#
CASING DEPTH 341' DRILL PIPE _____ TUBING _____ OTHER _____
SLURRY WEIGHT 15.2 SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING 15'-20'
DISPLACEMENT 20 3/4 DISPLACEMENT PSI _____ MIX PSI _____ RATE 4 BPM

REMARKS: Safety Meeting, Rig up on well #10, circ casing on bottom
mix 260 sks con, 3 bbl 2% bel, Displaced 20 3/4 BBL H₂O, shut in

Cement did circ
approx 3 BBL to RT

Thank You
Walt + crew

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
C00471	1	PUMP CHARGE	1,150.00	1,150.00
C00002	10	MILEAGE	7.5	75.00
C00711	12.22	Tan Muleshoe Delivery	1.75	660.00
C05871	260 sks	Surface Blend II	24.00	6,240.00
SCANNED				
				8,121.50
				Disc 25%
				2,030.38
				6,091.12
SALES TAX				374.40
ESTIMATED TOTAL				6,465.53

Form 3737

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 account records, at our office, and conditions of service on the back 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

100602
40801

TICKET NUMBER 56130
LOCATION Oakley, KS
FOREMAN Walt Dinkel

FIELD TICKET & TREATMENT REPORT
CEMENT

Invoice # 900944

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
6-9-19	3613	Krug 2-14	14	10 ^s	33 ^w	Thomas
CUSTOMER			TRUCK #	DRIVER	TRUCK #	DRIVER
Hartman Oil			731	Walt Dinkel		
Mailing Address: 10500 E. Beckley Square Plwy, Ste 100			70	Walt Dinkel		
City: Wichita STATE: KS ZIP CODE: 67206			1098	Xavier Colby		

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

REMARKS: Safety Meeting, Rig up on WW #10, Plug as ordered

50 SKS @ 2700'
 100 SKS @ 1875' 240 SKS 60' spacing, 4 #6 Gal, 1/4" #1 Etc Sac
 50 SKS @ 400'
 10 SKS @ 40' w/ Plug
 30 SKS in R.H.

Thank You
Walt + Crew

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
CC0450	1	PUMP CHARGE	1,500 ⁰⁰	1,500 ⁰⁰
CC0002	10	MILEAGE	7 ⁵⁰	71 ⁵⁰
CC0711	10.32	Ten Mileage Delivery	1 ⁷⁵	660 ⁰⁰
CC5829	240 SKS	Lite Weight Blend V	16 ⁰⁰	3,840 ⁰⁰
CC6075	60	Etc Sac	3 ⁰⁰	180 ⁰⁰
CP8228	1	8 5/8 Wooden Plug	165 ⁰⁰	165 ⁰⁰
				6,416 ⁵⁰
SCANNER Less 25%				- 1,604 ¹³
				4,812 ³⁷
				251.10
SALES TAX				251.10
ESTIMATED TOTAL				5063.48

Ravin 3737

AUTHORIZATION [Signature] TITLE _____ DATE _____

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