

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



Cement or Acid Field Report
 Ticket No. **4976**
 Foreman David Gardner
 Camp Eureka

API # 15-073-24078

Date	Cust. ID #	Lease & Well Number	Section	Township	Range	County	State
2-10-20	1000	Schwab #6	9	24 S.	10 E.	Greenwood	KS
Customer		Safety Meeting		Unit #	Driver	Unit #	Driver
Trimble + Maclaskey Oil LLC		DG		102	Zevi		
Mailing Address		ZH		114	Jason		
P.O. Box 171		Sm		145	Steve		
City		State	Zip Code				
Gridley		KS	66852				

Job Type P.T.A. old well Hole Depth 2845' Slurry Vol. _____ Tubing 2 3/8"
 Casing Depth 2824' Hole Size _____ Slurry Wt. _____ Drill Pipe _____
 Casing Size & Wt. 5 1/2" Cement Left in Casing _____ Water Gal/SK _____ Other _____
 Displacement _____ Displacement PSI _____ Bump Plug to _____ BPM _____

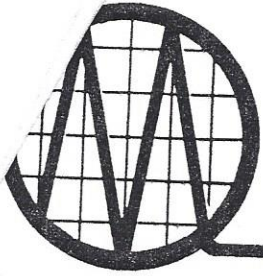
Remarks: Safety Meeting. Rig up to 2 3/8" Tubing. Plug well as follows:

20 sks @ 2784'
Gel + Hulls Spacer
20 sks @ 1092'
Gel + Hulls Spacer
105 sks @ 2.50' to Surface
145 sks Total

Code	Qty or Units	Description of Product or Services	Unit Price	Total
C105	1	Pump Charge	785.00	785.00
C107	15	Mileage	4.20	63.00
C203	145 SKS	60/40 Pozmix Cement	13.40	1943.00
C206	500 [#]	Gel 4%	.21	105.00
C108A	6.24 Tons	Ton Mileage - Bulk Truck	m/c	365.00
C206	300 [#]	Gel Spacer	.21	63.00
C214	45 [#]	Hulls	.50	22.50
C113	3 HRS	80 Bbl Vac Truck	90.00 /HR	270.00
<u>Thank You</u>				
			Sub Total	3,616.50
			Less 5%	195.29
			8% Sales Tax	289.32

Authorization _____ Title _____ Total 3,710.53

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.



Service Order and Delivery Receipt

OUR NO.
37546

MIDWEST SURVEYS
LOGGING • PERFORATING • M.I.T. SERVICES

P. O. Box 68
Osawatomie, KS 66064
913/755-2128

Date 9/17/19

TERMS AND CONDITIONS: Midwest Surveys is hereby instructed to deliver the equipment or perform the services ordered hereon or as verbally directed, under the terms and conditions printed on the reverse side of this order, which I have read and understand and which I accept as Customer or as Customer's Authorized Agent.

Service and/or Equipment Ordered Perforate for Plugging

SIGN BEFORE COMMENCEMENT OF WORK

Customer's Name Trimble & Machaskey Oil LLC By _____
Customer's Authorized Representative

Charge to Trimble & Machaskey Oil LLC Customer's Order No. Tim Thwaitt

Mailing Address _____

Well or Job Name and Number Schwab Lease County Greenwood State KANSAS

QUANTITY	DESCRIPTION OF SERVICE OR MATERIAL	PRICE
<u>3</u>	<u>Perforated Wells at Two (2) Different Intervals in each well</u>	<u>3600.00</u>
	<u>Perforated each well at the Depth of 250.0 and 1100.0</u>	
	<u>Wells Perforated Schwab Lease: #1-A, #2, #6</u>	

Total 3600.00

Serviced by: Amy Whelan

The above described service and/or material has been received and are hereby accepted and approved for payment.
Customer's Name Trimble & Machaskey Oil LLC
By _____ Date 9/17/19
Customer's Authorized Representative