

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. 5012
 Foreman Kevin McCoy
 Camp EUREKA

API #15-035-24425

Date	Cust. ID #	Lease & Well Number	Section	Township	Range	County	State
3-5-20	1097	MAYHILL #1	10	35S	4E	Cowley	Ks
Customer			Unit #	Driver		Unit #	Driver
ALTON OIL			102	Zevi A.			
Mailing Address			112	Josh V.			
P.O. Box 117							
City	State	Zip Code					
Winfield	Ks	67156					

Job Type P.T.A. old well Hole Depth 3450' Slurry Vol. 26 BBL Tubing 2 3/8"
 Casing Depth _____ Hole Size 7 7/8" Slurry Wt. 14.1 # Drill Pipe _____
 Casing Size & Wt. 4 1/2" Cement Left in Casing _____ Water Gal/SK _____ Other _____
 Displacement _____ Displacement PSI _____ Bump Plug to _____ BPM _____

Remarks: SAFETY Meeting: 4 1/2 casing WAS SHOT OFF @ ~ 1100' & PULLED OUT. RAN 2 3/8" Tubing to 300'. Spot Solid Cement Plug From 300' to SURFACE w/ 105 SKS 60/40 Pozmix Cement w/ 4% GeL @ 14.1 #/GAL = 26 BBL Slurry. PULL Tubing. Hole Standing Full of Cement. Job Complete. Rig down.

Code	Qty or Units	Description of Product or Services	Unit Price	Total
C 105	1	Pump Charge	785.00	785.00
C 107	80	Mileage	4.20	336.00
C 203	105 SKS	60/40 Pozmix Cement	13.40	1407.00
C 206	360 #	GeL 4%	.21 #	75.60
C 108 B	4.51 TONS	Ton Mileage	1.40	505.12
			Sub Total	3108.72
			Less 5%	165.54
			Sales Tax	202.07
				6.5%
Authorization <u>By Mike Pressnall</u> Title _____			Total	3145.25

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.



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1013 240th AVENUE • HAYS, KANSAS 67601 • 785-621-2135

Date 03/05/2020

CHARGE TO: Abtron Oil LLC
 ADDRESS _____
 R/A SOURCE NO. _____ CUSTOMER ORDER NO. _____
 LEASE AND WELL NO. Majhill #1 FIELD Copeland
 NEAREST TOWN Arto City COUNTY Cowley STATE KS
 SPOT LOCATION _____ SEC. 10 TWP. 35S RANGE 4E
 ZERO 0.00 CASING SIZE 4.5 WEIGHT _____
 CUSTOMER'S S.T.D. 3456 LOG-TECH TD 3400 FLUID LEVEL 611/1670
 ENGINEER J. Smith OPERATOR R. B

PERFORATING				
Description	No. Shots	Depth		Amount
		From	To	

DEPTH AND OPERATIONS CHARGES					
Description	Depth		Total No. Pt	Price Per Pt	Amount
	From	To			
<u>4.5 CIBP @ 3320'</u>	<u>0</u>	<u>3320</u>			<u>106000</u>
<u>Setting Service</u>				<u>N/A</u>	<u>1500</u>
<u>2500 Cement @ 3320'</u>	<u>0</u>	<u>3320</u>	<u>3320</u>	<u>.24</u>	<u>796 80</u>
<u>4.5 Casing Cost @ 1194'</u>	<u>0</u>	<u>1194'</u>		<u>N/A</u>	<u>1500</u>

MISCELLANEOUS		
Description	Quantity	Amount
Service Charge	<u>1</u>	<u>1500</u>
T.J.		
A.O.L.		
S.J.		
F.J.	T.W.T.	

PRICES SUBJECT TO CORRECTION BY BILLING DEPARTMENT

RECEIVED THE ABOVE SERVICES ACCORDING TO THE TERMS AND CONDITIONS SPECIFIED ON THE REVERSE SIDE TO WHICH WE HEREBY AGREE.

Customer Signature _____ Date _____

Sub Total	<u>6346 80</u>
Tax	<u>212 88</u>
Total	<u>\$3,487 88</u>