

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.

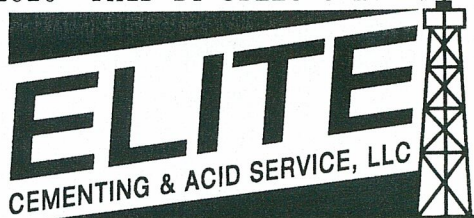
Plugging Contractor License #: _____ Name: _____
 Address 1: _____ Address 2: _____
 City: _____ State: _____ Zip: _____ + _____
 Phone: (_____) _____
 Name of Party Responsible for Plugging Fees: _____
 State of _____ County, _____, ss.
 _____ Employee of Operator or Operator on above-described well,
 (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

Received April 2020

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



Cement or Acid Field Report

Ticket No. **5037**

Foreman Kevin McCoy

Camp EUREKA

Date	Cust. ID #	Lease & Well Number	Section	Township	Range	County	State
4-1-20	1008	Crew # 7	34	255	8E	Gw	Ks
Customer			Unit #	Driver		Unit #	Driver
JACKSON BROTHERS LLC Mailing Address 116 E. 3 rd City EUREKA State Ks Zip Code 67045			102	Zevi A.			
			112	Josh V.			
			113	Josh V.			
			145	Steve M.			

Job Type P.T.A. ^{old} Well Hole Depth _____ Slurry Vol. _____ Tubing 2 3/8
 Casing Depth 2619 FT. Hole Size 7 7/8" Slurry Wt. _____ 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: Rig up to 2 3/8 Tubing. Spot Cement Plugs AS Following inside 4 1/2 CASING.
Spot 20 SKS @ 2541' wait 1 1/2 HRS, TAG w/ wire Line @ 2279'
Gel SPACER w/ HULLS
Spot 15 SKS @ 1307'
Gel SPACER
Spot 25 SKS FROM 255' to SURFACE

Code	Qty or Units	Description of Product or Services	Unit Price	Total	
C 105	1	Pump Charge	785.00	785.00	
C 107	15	Mileage	4.20	63.00	
C 200	20 SKS	CLASS "A" Cement } Bottom Plug	15.75	315.00	
C 205	50 #		CALZ 2 3/4 %	.63 #	31.50
C 208	40 #		PhenoSeal 2 #/SK	1.30 #	52.00
C 203	40 SKS	60/40 Pozmix Cement } Middle & Top Plugs	13.40	536.00	
C 206	140 #		4% Gel	.21 #	29.40
C 206	300 #	Gel SPACER	.21 #	63.00	
C 214	45 #	HULLS	.50	22.50	
C 108	2.58 Tons	Ton Mileage	M/C	365.00	
C 113	4 HRS	80 BBL VAC TRUCK	90.00	360.00	
			Sub Total	2622.40	
			Less 5%	141.61	
			Sales Tax	209.79	
				8%	
				2690.58	

THANK YOU
M

Authorization Roscoe H. Jackson II Title CO-MANAGER

Total 2,690.58

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.