

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. **5194**
Foreman Russell mcloy
Camp Eureka

Date	Cust. ID #	Lease & Well Number	Section	Township	Range	County	State
8-26-20	1097	Donald # 3	29	30	5	Cowley	Ks
Customer ALTOIL		Safety Meeting Rm AB JASON	Unit # 105	Driver Jason	Unit #	Driver	
Mailing Address PO Box 117			112	AB			
City WINFORD	State KS	Zip Code 67156	128				

Job Type P.T.A. Old Well Hole Depth _____ Slurry Vol. 26 Tubing 278
 Casing Depth _____ Hole Size _____ Slurry Wt. 14.1 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 Pull 1020 5 1/2 Run Tubing to 310 cement w/ 105 SKs 310 to surface. Good cement RETURNING casing stay full. Job complete, TRAC Down. Thankyou Russell mcloy

Code	Qty or Units	Description of Product or Services	Unit Price	Total
C-109	1	Pump Charge	785.00	785.00
C-107	40	Mileage	4.20	168.00
C-203	105	SKs 60/40 Puzmix	13.40	1407.00
C-206	360	Gal = 48	.21	75.60
C-108.2		TRAC Mileage	M/C	365.00
				2800.60
			- 5%	149.14
			Sales Tax	182.04
Authorization <u>by Mike</u> Title <u>OWNER</u>			Total	2,833.50

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.



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

GENERAL TERMS AND CONDITIONS

1863

Date 8-26-2020

CHARGE TO: Alton Oil, LLC
 ADDRESS _____
 R/A SOURCE NO. _____ CUSTOMER ORDER NO. OW
 LEASE AND WELL NO. Donald #3 FIELD Wilmont-Floral
 NEAREST TOWN Winfield COUNTY Cowley STATE KANSAS
 SPOT LOCATION 2310' FSL + 330' FEL SEC. 29 TWP. 30S RANGE 5E
 ZERO KB 8' AGL CASING SIZE 5 1/2 WEIGHT _____
 CUSTOMER'S T.D. 3121 LOG-TECH TD _____ FLUID LEVEL 500'
 ENGINEER S. Clermont OPERATOR S. Chesney

PERFORATING

Description	No. Shots	Depth		Amount
		From	To	

DEPTH AND OPERATIONS CHARGES

Description	Depth		Total No. Pt	Price Per Pt	Amount	
	From	To				
Setting Charge 5 1/2 CIBP	0	2820	2820	min	1500	00
2 1/2x Cement Bailer	0	2820	1		1050	00
Setting Charge 5 1/2 CIBP	0	2220	2220	min	780	00
2 1/2x Cement Bailer	0	2220			1500	00
2 1/2x Cement Bailer	0	2220	2220	min	1050	00
Casing Cut Bongro @ 1020		1020			780	00
					2500	00

MISCELLANEOUS

Description	Quantity	Amount
Service Charge <u>T 901</u>		1500 00
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

[Signature]
 Customer Signature _____ Date _____

..... Sub Total	10650 00
..... Tax	
.....	
..... Total	

