

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



HP Oilfield Services, LLC
 383 Inverness Parkway, Suite 330
 Englewood, CO. 80112

Invoice

Date	Invoice #
6/16/2020	9441

Bill To
U.S. Oil Resources 6727 W. Prentice Ave. Lakewood, CO 80123

Lease
Ottley 10D

Order by / P.O. No.	Terms
	Net 30

Description	Unit	Hrs / Qty	U/M	Rate	Amount
Class A Cement Service for Ottley 10D Field Ticket #: 1022K-C Description: Please see Attached Field Ticket					
Pump Charge for Cement	CMT-103	1	ea	1,150.00	1,150.00
Pickup Milaege Charge	CMT-800	40	ea	7.15	286.00
Mileage Delivery of Bulk Material (10.32 x 40 = 412.80 x 1.75 = 722.40	CMT	412.8	ea	1.75	722.40
Liteweight Blend V	CMT	240	SKS	16.00	3,840.00T
Top Wooden Plug - 8 5/8" (4/Box)	CMT	1	Box	165.00	165.00T
Celoflake	CMT	60	lb	3.00	180.00T
Discount - Non-Taxable Items	CMT	1	ea	-1,187.12	-1,187.12
Discount - Taxable Items	CMT	1	ea	-2,301.75	-2,301.75T
Subtotal prior to Sales Taxes					2,854.53
Sales Tax	CMT			2.00%	37.67

*Paid 6-20-20
 # 1944*

Thank you for your business.	Total	\$2,892.20
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785-953-0222

TICKET NUMBER 1022 K-C

LOCATION Houston, Ks

FOREMAN Walt Dunkel

**FIELD TICKET & TREATMENT REPORT
CEMENT**

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
6-16-2020		Ottley 10D	27	13 ^s	29 ^w	Gove
CUSTOMER U.S. Oil Resources			Gove South to			
MAILING ADDRESS			Rd 0			
CITY			3-west			
STATE			1-SE			
ZIP CODE			103			
			801-857			
			Walt Austin			
			J.D.			

JOB TYPE PTA HOLE SIZE 7 7/8 HOLE DEPTH 4700' CASING SIZE & WEIGHT _____
 CASING DEPTH _____ DRILL PIPE 4 1/2 XH TUBING _____ OTHER _____
 SLURRY WEIGHT 13.5 SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING _____
 DISPLACEMENT _____ DISPLACEMENT PSI _____ MIX PSI _____ RATE _____

REMARKS: Safety Meeting, Rig up Equipment. Plug as ordered

50 SKs @ 1300'
 100 SKs @ 1225'
 50 SKs @ 300'
 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
	1	PUMP CHARGE	1,150 ⁰⁰	1,150 ⁰⁰
	40	MILEAGE	7 ¹⁵	286 ⁰⁰
	10.32	Ten Mileage Delivery	1 ²⁵	722 ⁴⁰
	240 - SKs	Lite Weight Blend V	16 ⁰⁰	3,840 ⁰⁰
	60 #	Flow Seal	3 ⁰⁰	180 ⁰⁰
	1	8 5/8 Woodrow Plug	165 ⁰⁰	165 ⁰⁰
				6,343 ⁴⁰
		Less 55 ⁰⁰		3,488 ⁸⁰
				2,857 ⁵⁵
			SALES TAX	
			ESTIMATED TOTAL	

AUTHORIZATION [Signature] TITLE _____ DATE _____

I acknowledge that the payments 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.