

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

LONESTAR SERVICES LLC

**P.O. BOX 499
LIBERAL, KS 67905-0499**

**Ph. (620)626-7100
Fax (620)626-6336**

FED ID# 48-1237087

Invoice

Date	Invoice #
10/12/2020	40372

Bill To:
ENDEAVOR ENERGY RESOURCES 10 S. ELM STREET PO BOX 40 DELAWARE, OK. 74027 WORK ORDERED BY LARRY

County-State	Terms	Location
NESS-KS	Net 30	LEWIS #1 AFE# OPA20491

Description	Quantity	Rate	Amount
10/15/20: DRIVE TO LOCATION. HAVE SAFETY MEETING. SET 4-1/2 A D-I PKR @ 1506' PUMP 50 SKS CMT WITH 100# HULLS PERFORATE @ 1100 PUMP 190 SKS CMT WITH 150 # HULLS @ 200' TIE ON TO THE 8-5/8 PUMP 50 SKS PSI TO 300# TOP OFF WITH 10 SKS HOLE STAYED FULL. RIG DOWN AND RELEASE CMT TRUCKS. CLEAN LOC RIG DOWN MOVE TO LIBERAL.			
GRESSEL WIRELINE		2,100.00	2,100.00T
GRESSEL WATER TRUCKS		708.00	708.00T
COPELAND CEMENT		7,631.56	7,631.56T
RIG TIME	12	225.00	2,700.00T
NESS CO. SALES TAX		6.50%	1,843.28
Thank you! we appreciate your business. Any invoices not paid after 30 days will incur a 2% late fee	Total		\$30,201.40

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WELL PLUGGING RECORD
K.A.R. 82-3-117

Form CP-4
July 2014
Type or Print on this Form
Form must be Signed
All blanks must be Filled

OPERATOR: License #: 32887
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 - 135-00495-00-00
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: Lewis Wildgen Well #: 1
Date Well Completed: _____
The plugging proposal was approved on: 10-9-20 (Date)
by: Mike Meyer (KCC District Agent's Name)
Plugging Commenced: 10-12-20
Plugging Completed: 10-17-20

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
MISSISSIPPI Spurgeon	oil gas water	surface	8.625	297	0
		Prod	4.5	4535	42'

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Plugging Contractor License #: _____ Name: _____
Address 1: _____ Address 2: _____
City: _____ State: _____ Zip: _____ + _____
Phone: (_____) _____
Name of Party Responsible for Plugging Fees: _____
State of _____ County, _____, ss.

(Print Name) Employee of Operator or Operator on above-described well,

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.

Signature: _____