KOLAR Document ID: 1563613

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 #:	I API No.	15 -	
Name:			
Address 1:	'	•	Twp S. R East West
Address 2:		Feet from	
City:	+	Feet from	East / West Line of Section
Contact Person:	Footage	s Calculated from Nea	rest Outside Section Corner:
Phone: ()		□ NE □ NW	SE SW
Type of Well: (Check one) Oil Well Gas Well OG D&A Water Supply Well Other: SWD Permit #: ENHR Permit #: Gas Storage Permit #: s ACO-1 filed? Yes No If not, is well log attached? Yeroducing Formation(s): List All (If needed attach another sheet) Depth to Top: Bottom: T.D.	Lease N Date We The plug by:	lame:ell Completed: gging proposal was app	Well #: (Date) (KCC District Agent's Name)
Depth to Top: Bottom: T.D.			
Depth to Top: Bottom:T.D.		g Completed	
Show depth and thickness of all water, oil and gas formations.			
Oil, Gas or Water Records	Casing Record (Su	rface, Conductor & Prod	duction)
Formation Content Casing	Size	Setting Depth	Pulled Out
Describe in detail the manner in which the well is plugged, indicating where to the cement or other plugs were used, state the character of same depth placed from the	·		ods used in introducing it into the hole. If
Plugging Contractor License #:	Name:		
Address 1:	Address 2:		
City:	State:		
Phone: ()			
Name of Party Responsible for Plugging Fees:			
State of County,			

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.

810 E 7[™] PO Box 92 EUREKA, KS 67045 · (620) 583-5561



Cement or A	cid Field Report
Ticket No.	5472
Foreman 🚜	MSCOV

2705.82

Total

Date	Cust. ID #	L	ease & Well Number		Section	Township	Range	County	State
3-2-21	1000	144	hRum #41					6ω	Ks
Customer	ble & MA			Safety Meeting	Unit #	Dri Alan	m.	Unit #	Driver
Mailing Address				AM	110	Josh 5teue			1./
City GRIDLE		State	Zip Code 66852	SM					
Job Type <u>P.7.</u> Casing Depth_		Hole	Depth Size		Slurry Vol			ibing <u>23/8</u> ill Pipe	
Casing Size & Displacement_		Disp	nt Left in Casing acement PSI		Water Gal/SK Bump Plug to		ВР	her PM	
Remarks: SA Plugs AS	Fety Mee	ting: 42	2 CASING CEME	sted to	SURFACE.	Rig up 7	0 23/8 7	ubing, Spot	Cement
,			25 SKS FROM	1753	- 1383'				
			Sel Spacel W/	Holls					
		1	la sta form	571.1	C. 0 60				

Code	Qty or Units	Description of Product or Services	Unit Price	Total
2 /05	1	Pump Charge	785.00	785.00
107	30	Mileage	4.20	126.00
263	65 sks 225 #	60/40 Pozmix Cement Gel 4%	13.40	871.00
206	225 #	Gél 4%	. 21 #	47.25
206	300 #	Gel Space	. 21 #	63.00
214	40	Gel Space Holls	. 50 #	20.00
108 A	2.80 TONS	TON MIleage	M/c	365.00
113	4 HRS	TON MILEAGE 80 BLL VAC TRUCK	90.00	360.00
				-114
			Sub TotAL	2637.25
		THANK YOU	less 5%	142.41
		—M 8%	Sales Tax	210.98

Authorization Witnessed By BRIAN MACLASKEYTITLE -

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.