

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.

(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.

Submitted Electronically

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



Cement or Acid Field Report
 Ticket No. **5724**
 Foreman David Gardner
 Camp Eureka

API # 15-035-24487

Date	Cust. ID #	Lease & Well Number	Section	Township	Range	County	State
7-20-21	1097	Donald #1	29	30 S.	5 E.	Cowley	KS
Customer		Safety Meeting DG JH SF	Unit #	Driver	Unit #	Driver	
Mailing Address			105	Jason			
City		State	Zip Code				
Winfield		KS	67156				

Job Type P.T.A. Old well Hole Depth 3240' Slurry Vol. 31 Bbl Tubing 2 7/8"
 Casing Depth _____ Hole Size _____ Slurry Wt. _____ 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. Rig pulled 1014' of 5 1/2" out. Ran 325' 2 7/8" Tubing Rig up to 2 7/8" Tubing Break circulation w/ 10 Bbl fresh water. Mixed 125 SKS 60/40 Pozmix Cement w/ 4% Gel @ 14 gal, yield 1.40 = 31 Bbl slurry. Good cement returns to surface. Shut down. Pull Tubing. Well standing full of cement. Job complete. Rig down.

Code	Qty or Units	Description of Product or Services	Unit Price	Total
C105	1	Pump Charge	785.00	785.00
C107	40	Mileage	4.20	168.00
C203	125 SKS	60/40 Pozmix Cement	14.75	1843.75
C206	430 #	Gel 4%	.28	120.40
C108A	5.37 Tons	Ton Mileage - Bulk Truck	m/k	365.00
<u>Thank You</u>				
			Sub Total	3,282.15
			Less 5%	174.77
			Sales Tax	213.34
Authorization <u>[Signature]</u> Title _____			Total	3,320.72

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.

Date 7-19-2021

CHARGE TO: Alton Oil, LLC.
 ADDRESS _____
 R/A SOURCE NO. _____ CUSTOMER ORDER NO. OW
 LEASE AND WELL NO. Donald #1 FIELD _____
 NEAREST TOWN Winfield COUNTY Cowley STATE Kansas
 SPOT LOCATION SE NE SE SEC. 29 TWP. 30S RANGE SE
 ZERO KB 8' AGL CASING SIZE 5 1/2 WEIGHT _____
 CUSTOMER'S T.D. 3203 LOG-TECH TD _____ FLUID LEVEL 1950
 ENGINEER S. Chesney OPERATOR S. Cleimont

PERFORATING

Description	No. Shots	Depth		Amount	
		From	To		

1001.7
 12.3
 1014

DEPTH AND OPERATIONS CHARGES

Description	Depth		Total No. Pt	Price Per Pt	Amount	
	From	To				
Setting Charge	0	2866			1500	00
5 1/2 C.I.B.P.	2866				10500	00
2 SX Cement Baillet	0	2866			1000	00
5 1/2 Casing Cut Bongo	0	1014			2500	00

MISCELLANEOUS

Description	Quantity	Amount
Service Charge <u>T904</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.

..... Sub Total	7550 00
..... Tax	3050 00
..... Total	

Customer Signature [Signature] Date _____