

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



Camp Eureka

Date		Cust. ID #	Lease & Well Number		Section	Township	Range	County	State
8-10-21									
8-9-21		1000	Imthurn #26		4	23 S.	13 E.	Greenwood	KS
Customer				Safety Meeting DG JH SF	Unit #	Driver	Unit #	Driver	
Trimble & Mackiskey Oil LLC					105	Jason			
Mailing Address					112	Shannon			
P.O. Box 171									
City		State	Zip Code						
Gridley		KS	66852						

Remarks: Safety Meeting: Rig up to 1" Coil Tubing. Plug well as follows:

8-9-21 \swarrow 25 SKS @ 1480'
25 SKS @ 550'
8-10-21 TAG middle Plug @ 683' From Previous Plug
Respot \rightarrow 25 SKS @ 550'
95 SKS 250' to SURFACE

[illegible]

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.



MIDWEST SURVEYS

LOGGING • PERFORATING • M.I.T. SERVICES

**P. O. Box 68
Osawatomie, KS 66064
913 / 755-2128**

38466

Date 5/13/21

TERMS AND CONDITIONS: Midwest Surveys is hereby instructed to deliver the equipment or perform the services ordered hereon or as verbally directed, under the terms and conditions printed on the reverse side of this order, which I have read and understand and which I accept as Customer or as Customer's Authorized Agent.

Service and/or Equipment Ordered Perforate

SIGN BEFORE COMMENCEMENT OF WORK

Customer's Name Trimble + Machaskey Oil LLC By _____
Customer's Authorized Representative

Charge to Trimble & Machaskey Oil LLC Customer's Order No. Jim Thweatt

Mailing Address.....

Well or Job Name
and Number Imthurn Lease County Greenwood State KANSAS

QUANTITY	DESCRIPTION OF SERVICE OR MATERIAL	PRICE
	Perforated Two (2) Wells at Two (2) different Intervals in each well so they could Squeeze cement To surface for Plugging	\$2400.00
	Each Well Was Perforated AT: 249.0 To 250.0 549.0 T. 550.0	
	Wells Perforated Imthurn Lease : #17, #26	

Total 2400.00

The above described service and/or material has been received and are hereby accepted and approved for payment.

Customer's Name Trimble & MacLachlan Oil LLC

By Date 5/13/21
Customer's Authorized Representative

Serviced by: *[Signature]*

White — Customer

Canary — Accounting