

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

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



Received 30 August 2021
Cement or Acid Field Report
 Ticket No. **5795**
 Foreman David Gardner
 Camp Eureka

API# 15-073-01487

Date	Cust. ID #	Lease & Well Number	Section	Township	Range	County	State	
8-18-21								
8-20-21	1008	Nixon B # 0-18	34	24 S.	9 E.	Greenwood	KS	
Customer Jackson Brothers LLC			Unit #		Driver		Unit # Driver	
Mailing Address 116 E 3 rd			105		Jason		8-20-21 104 Alan M.	
			114		Broker		110 Shannon	
			141		Shannon		141 Dave	
City Eureka			State KS		Zip Code 67045		Safety Meeting DG JH BW SF AM GM	
					Welding Truck		Gary Massey	

Job Type P.T.A. Old Well Hole Depth 2120' Plug back T.D. Slurry Vol. _____ Tubing 2 3/8"
 Casing Depth 2135' Hole Size _____ Slurry Wt. _____ Drill Pipe _____
 Casing Size & Wt. 7" Cement Left in Casing _____ Water Gal/SK _____ Other _____
 Displacement _____ Displacement PSI _____ Bump Plug to _____ BPM _____

Remarks: Safety meeting: Rig up to 2 3/8" tubing. Plug well as follows:

8-18-21 < 40 SKS w/Hulls @ 2073'
 25 SKS w/Hulls @ 900'
 8-20-21 75 SKS @ 250' to Surface
 140 SKS Total

Code	Qty or Units	Description of Product or Services	Unit Price	Total
C105	1	Pump Charge		
C107	15	Mileage	785.00	785.00
			4.20	63.00
C203	140 SKS	60/40 Pozmix Cement	14.75	2065.00
C206	480#	Gel 4%	.28	134.40
C108A	6.02 Tons	Ton Mileage - Bulk Truck	m/c	365.00
C113	8 HRS	80 Bbl Vac Truck	90.00 /HR	720.00
C224	3300 Gals	City Water	11.00 / 1000	36.30
C-116	4 hr	REPAIR well HEAD + WELD ON USED COLLAR	75.00	300.00
		1 USED 5 1/2 COLLAR	30.00	30.00
Thank You				
			Sub Total	4,498.70
			Less 5%	241.80
			Sales Tax	337.40
Authorization <u>Roseanne M. Jackson</u> Title <u>CO-MANAGER</u>				
			Total	4,594.30