

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

Elite Cementing & Acidizing of KS, LLC
 PO Box 92
 Eureka, KS 67045



Date	Invoice #
4/21/2022	6354

Bill To	
Trimble & Maclaskey Oil LLC PO Box 171 Gridley, KS 66852	
Customer ID#	1000

Job Date	4/20/2022
Lease Information	
Gulick #1-36	
County	Greenwood
Foreman	DG

Item	Description	Qty	Terms	Net 15
			Rate	Amount
C105-2	Cement Pump-Plug (old well)-2nd	1	565.00	565.00T
C107T	Pump Truck Mileage-taxable	0	4.50	0.00T
C203	Pozmix Cement 60/40	70	15.75	1,102.50T
C206	Gel Bentonite	240	0.30	72.00T
C205	Calcium Chloride	120	0.75	90.00T
C208	Pheno Seal	70	1.55	108.50T
C108AT	Ton Mileage (min. charge)-taxable	1	250.00	250.00T
C206	Gel Bentonite	200	0.30	60.00T
C113T	80 Bbl Vac Truck	2	95.00	190.00T
D101T	Discounts on Services		-50.25	-50.25T
D102	Discount on Materials		-71.65	-71.65T



We appreciate your business!

Phone #	Fax #	E-mail
620-583-5561	620-583-5524	rene@elitecementing.com

Send payment to:
 Elite Cementing & Acidizing of KS, LLC
 PO Box 92
 Eureka, KS 67045

Subtotal	\$2,316.10
Sales Tax (7.5%)	\$173.71
Total	\$2,489.81
Payments/Credits	\$0.00
Balance Due	\$2,489.81

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



Cement or Acid Field Report
 Ticket No. **6354**
 Foreman David Gardner
 Camp Eureka

API # 15-073-24055

Date	Cust. ID #	Lease & Well Number	Section	Township	Range	County	State
4-20-22	1000	Gulick #1-36	36	24S.	12E.	Greenwood	KS
Customer Trimble + MacLuskey Oil, LLC			Unit #	Driver	Unit #	Driver	
Mailing Address P.O. Box 171			105	Jason			
City Gridley			110	Broker			
State KS			145	Steve			
Zip Code 66852							

Job Type P.T.A. Old Well Hole Depth 1775' Slurry Vol. _____ Tubing _____
 Casing Depth 1760' Hole Size _____ Slurry Wt. _____ Drill Pipe _____
 Casing Size & Wt. 4 1/2" Cement Left in Casing _____ Water Gal/SK _____ Other 1" Coil Tubing
 Displacement _____ Displacement PSI _____ Bump Plug to _____ BPM _____

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

15 SKS @ 1640'
Gel Spacer
15 SKS @ 600'
Gel Spacer
40 SKS @ 250' to Surface
70 SKS Total

Code	Qty or Units	Description of Product or Services	Unit Price	Total
C105-2	1	Pump Charge (2 nd of 2 wells)	565.00	565.00
C107	0	Mileage No charge - same field	M/C	0
C203	70 SKS	60/40 Pozmix Cement	15.75	1102.50
C206	240*	Gel 4%	.30	72.00
C205	120*	Cactz 2%	.75	90.00
C208	70*	Phenoseal 1#/sk	1.55	108.50
C108A	3.01 Tons	Tora Mileage - Bulk Truck (split between 2 wells)	M/C	250.00
C206	200*	Gel Spacer	.30	60.00
C113	2 HRS.	80 Bbl Vac Truck	95.00/HR	190.00
<u>Thank You</u>			Sub Total	2,438.00
			Less 5%	131.04
			7.5% Sales Tax	182.85
Authorization by <u>Brian</u> Title <u>Co/Rep.</u>			Total	2,489.81

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.