

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

SERVICE TICKET

Well file

UNITED CEMENTING & ACID CO., INC.

No 3311

BOX 712

EL DORADO, KANSAS 67042

PHONE AC 316-321-4680

DATE 7-13-57 COUNTY Greenwood
 CHG. TO: PPA ADDRESS _____
 CITY _____ STATE _____ ZIP _____
 LEASE & WELL NO. Full G+3#41 SEC. _____ TWP. _____ RNG. _____
 CONTRACTOR W Tools TIME ON LOCATION 8:30 AM
 KIND OF JOB 3/4" between 5'2" & 8'8"

SERVICE CHARGE: _____ no chg

QUANTITY	MATERIAL USED TYPE	
54	Saf 60-40 Pozmix @	3,805 207.90
1	Saf elol @	8.00 8.00
1	Saf Chloride @	20.00 20.00
56	BULK CHARGE Saf @ .75	42.00
20	BULK TRK. MILES (2.50 x 60 x 20)	30.00
	PUMP TRK. MILES	
	PLUGS <u>None</u>	---
	SALES TAX	12.32
	TOTAL	320.22

T. D. _____ CSG. SET AT _____ VOLUME _____
 SIZE HOLE _____ TBG SET AT _____ VOLUME _____
 MAX. PRESS. _____ SIZE PIPE _____
 PLUG DEPTH _____ PKER DEPTH _____
 PLUG USED _____ TIME FINISHED _____

REMARKS: 210' of 3/4" Cement 54 spo 60-40 Pozmix 2% elol 2% CC

Oldwell
 NAME Chet EQUIPMENT USED UNIT NO. NAME Ken UNIT NO.
Raymond
 CEMENTER OR TREATER OWNER'S REP.

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



Cement or Acid Field Report
 Ticket No. 7127
 Foreman Steve Mead
 Camp Eureka

Date	Cust. ID #	Lease & Well Number	Section	Township	Range	County	State
3-14-23	1387	Hull # 41				Greenwood	KS
Customer <u>Warhorse Petroleum</u>			Unit #		Driver		Unit #
Mailing Address <u>10876 Maple Rd.</u>			111		Shanna F		
City <u>Lafayette</u>			112		Dank		
State <u>CO</u>							
Zip Code <u>80026</u>							

Job Type PTA ^{old} well Hole Depth _____ Slurry Vol. _____ Tubing 2 3/8 AT 2346'
 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 up to 2 3/8 Tubing. Break Circulation w/4 bbls Fresh water. Mix 250# Gel Flush. Spot 155sk 60/40 Pozmix Cement w/4% Gel w/ Hull 2346' Pull Tubing up to 1784' Break Circulation Spot 205sk 60/40 Pozmix Cement w/ Hulls AT 1784' Pull Tubing up to 250' Break Circulation Mix 405sk 60/40 Pozmix Cement 250' to surface. Well was standing full.
Job complete Rig down.

Thank you

Code	Qty or Units	Description of Product or Services	Unit Price	Total
C105	1	Pump Charge	840.00	840.00
C107	15	Mileage	5.00	75.00
C203	75 sks	60/40 Pozmix Cement	15.75	1181.25
C206	258 #	Gel 4%	.30	77.40
C206	250 #	Gel Flush	.30	75.00
C214	45 #	Hulls	.80	60.00
C108A	3.22 Tons	Tan Mileage	m/c	390.00
			Sub Total	2698.65
			Less 5%	145.05
			Sales Tax	202.39
			7.50	
Authorization <u>BY Josh</u> Title <u>Co. Rep</u>			Total	2755.99

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.