KOLAR Document ID: 1708704

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 #:			,	API No.	15			
Name:				Spot De	scription:			
Address 1:			.		Sec Tw	p S. R East West		
Address 2:					Feet from			
City:	State:	Zip: +	.		Feet from	East / West Line of Section		
Contact Person:				Footages Calculated from Nearest Outside Section Corner:				
Phone: ()					NE NW	SE SW		
Type of Well: (Check one)		OG D&A Cathodi SWD Permit #:		,		 		
ENHR Permit #:	Gas Sto	rage Permit #:						
Is ACO-1 filed? Yes	No If not, is well	log attached? Yes				ved on: (Date)		
Producing Formation(s): List A	ll (If needed attach another	sheet)				(KCC District Agent's Name)		
Depth to	Top: Botto	m: T.D		Plugging	a Commenced:			
Depth to	Top: Botto	m: T.D		00 0				
Depth to	Top: Botto	m: T.D	'	. ragging	g completed.			
Show depth and thickness of a	all water, oil and gas forma	ations.						
Oil, Gas or Water	Records		Casing Re	ng Record (Surface, Conductor & Production)				
Formation	Content	Casing	Size		Setting Depth	Pulled Out		
Describe in detail the manner cement or other plugs were us		_				Is used in introducing it into the hole. If		
Plugging Contractor License #	:		Name:					
Address 1:			Address 2:	:				
City:			;	State:		Zip:+		
Phone: ()								
Name of Party Responsible fo	r Plugging Fees:							
State of	County, _			, ss.				
	<i>3</i> , –			_	implayed of Onerster -	Operator on obeyed decertibed		
	(Print Name)			E	imployee 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.

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



Cement or Acid Field Report
Ticket No. 7169
Foreman David Gardner

Camp Eureta

API \$ 15-073-	23616	-00-01
----------------	-------	--------

Date	Cust, ID#	Le	ase & Well Number		Section	Township	Range	County	State
3-31-23	1000	Di	iius =48.		31	245.	13E.	Greenwood	KS
Customer				Safety	Unit#	Dri	ver	Unit#	Driver
Trimble	+ Machel	n:1	11.6	Meeting	///	Shan	non		
Mailing Address	· IUMASE	y 011	200	- DG [110	Dan			
P.O. Box	/7/			5F DK	145	Brok			
City		State	Zip Code	BW					· · · · · · · · · · · · · · · · · · ·
Bridky		KS	66852						
V = 27	4	**	,-ac'				_	23/8"	

bricky	RJ 166852			
Job Type P.T.A. Old Well		Siurry Voi.	Tubing <u>2 </u>	
Casing Size & Wit 41/2"	Cement Left in Casing	Water Gal/SK		
Displacement			BPM	
Remarks: Safety Meeting:	Rig up to 28/8 Tubing. Fi	lug well as follows:		
:	30 SKS @ 155	53"		
	Gel + Hulls Sp			
	15 sks @ 621			
	Gel + Hulls Sp			
	35 sks @ 269			
	80 sks Total			

Code	Qty or Units	Description of Product or Services	Unit Price	Total
C105	1	Pump Charge 1st of 2 wells	840.00	840.00
C107	20	Mileage	5.00	100.00
C203	80 cks	60/40 Pozmix Coment	15.75	1260.00
C206	275 [±]	Gel 4%	.30	<i>82.5</i> 0
C108A	3.44 Tons	Ton Mileage - (Split between 2 wells)	m/c	195.00
C206	200€	Gel Space	.30	60.00
C214	40#	Hulls	.80_	<i>32</i> .00
C113	2 HRS.	80 Bbl Vac Truck	95.00 /HK	190.00
C224	3300 Gals	City Water	17.00/1000	39.60
		Thank Vou	Sub Total	2,799.10
		7.5%	Less 5% Sales Tax	150.45
	1- 0		Total	1858.58

Authorization by Brian Title College Total 2,82

Witnessed by KCk Agent - The Tribulet

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.