

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



Cement or Acid Field Report
Ticket No. **7184**
Foreman David Gardner
Camp Eureka
Russell McCoy

API # 15-013-20016

Date	Cust. ID #	Lease & Well Number	Section	Township	Range	County	State
5-3-23	1024	Bailey #1	10	1 S.	15 E.	Brown	KS
Customer	Buckeye West LLC		Unit #	Driver	Unit #	Driver	
Mailing Address	P.O. Box 129		111	Shannon			
City	State	Zip Code	115	Proker			
Wooster	OH	44691	112	Dan			

Job Type P.T.A. Old Well Slurry Vol. 15 Bu / 261 Tubing 2 7/8"
 Casing Depth 3420' Slurry Wt. 15.2" / 14" Drill Pipe
 Casing Size & Wt. 5 1/2" Water Gal/SK
 Displacement _____ Bump Plug to _____ BPM

Remarks: Safety Meeting: Log up to 2 7/8" Tubing. Plug well as follows:
(5-3-23):

50 sks Class A Cement w/ 2 1/2" Galc @ 3250' through 2 7/8" Tubing.
Gel + Halls Spacer
T.O.O.H. w/ Tubing / Perf 5 1/2" casing @ 1390' / T.I.H. w/ Tubing to 1390'
20 sks Class A Cement w/ 2 1/2" Galc @ 1390'
Gel + Halls Spacer / T.O.O.H. w/ Tubing. Shoot 5 1/2" off @ 388'. Tongs wouldn't bit. Done for the day.
(5-4-23): Pull 5 1/2" Casing. T.I.H. w/ Tubing to 384'
125 sks 160/40 Permex Cement w/ 4% Gel @ 384' to Surface
195 sks Total

Code	Qty or Units	Description of Product or Services	Unit Price	Total
C105	1	Pump Charge (5-3-23)	1180.00	1180.00
C107	180	Mileage	5.00	900.00
C106M	1	Pump Charge (5-4-23)	675.00	675.00
C200	70 sks	Class A Cement > Bottom Plug + Middle Plug	18.55	1298.50
C205	165 #	Galc 2 1/2" > (5-3-23)	.75	123.75
C203	125 sks	60/40 Permex Cement > Top Plug	15.75	1968.75
C206	430 #	Gel 4% > (5-4-23)	.30	129.00
C108B	8.666 Tons	Ton Mileage - 180 Miles	1.50	2338.20
C206	1000 #	Gel Spacers	.30	300.00
C214	160 #	Halls	.80	128.00
		Sub Total		9,041.20
		Less 5% Sales Tax		485.96
		Total		6,788.09

Thank You
 Authorization by Steve Sigler Title Co/Rep.

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.

