

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

Cheever Well Service, Inc.

Shop: 620-437-2296

P.O. Box 677

Received 22 August 2023

Cell: 620-437-7296

Madison, Kansas 66860

Terms: Due on Receipt

Invoice No. 6860

Month: August 2023

Company: Jackson Brothers, LLC

Lease: Nixon B

Well No. O3

Called by:

Order No.

Date	Job Description	Hours	Rate	Total
8-14	Rig up. Pull one joint of tubing. Mix and dump 2 sacks of cement on bottom, ~2134'.	3	175.00	525.00
8-15	Lead logging truck to G.K. Jackson Heirs #4 to perforate to plug. Go to Nixon B to perforate #02 and #03 to plug. Run in 29 joints of tubing open ended to 940'.	5	175.00	875.00
8-16	Tubing at 940'. Stand by to spot cement. Pull tubing to 259'. Circulate cement to surface. Pull tubing out of hole. Top off with cement. Wash up tools. Rig down.	2	175.00	350.00
	Thread Lube	1	30.00	30.00
	Power Tongs	1	75.00	75.00

Total Labor	700.00
Unit Charge	1050.00
Sub Total	1855.00
Sales Tax	GW 139.13
Total	1994.13

OK

Operator: Bill

W.S. Roust: Wes

MIDWEST SURVEYS, INC.

Invoice

PO BOX 68
 OSAWATOMIE, KS 66064
 913-755-2128

Date	Invoice #
8/15/2023	40620

Received 18 August 2023

Bill To
JACKSON BROTHERS, LLC 116 E 3RD ST EUREKA, KS 67045

Ship To
SEE BELOW GREENWOOD CO, KS

Customer Order No.	Terms
B CHEEVERS	B CHEEVERS

Qty	Description	Amount
	PERFORATED THREE (3) WELLS AT TWO (2) DIFFERENT INTERVALS IN EACH WELL SO THEY COULD SQUEEZE CEMENT TO SURFACE TRIP CHARGE INCLUDED IN PRICE WELLS PERFORATED GK JACKSON HEIRS: # 4 PERFORATED AT: 249.5 TO 250.0 1219.5 TO 1220.0 NIXON B: # 0-2 PERFORATED AT:: 249.5 TO 250.0 999.5 TO 1000.0 NIXON B: # 0-3 PERFORATED AT: 249.5 TO 250.0 949.5 TO 950.0	5,925.00
Net Due Upon Receipt		Total \$5,925.00
Late Charge of 1 - 1/2 % per Month on Accounts over 30 Days		OK

Phone #
913-755-2128

Received 18 August 2023



MIDWEST SURVEYS

LOGGING • PERFORATING • CONSULTING • M.I.T. SERVICES

P.O. Box 68 • Osawatomie, KS 66064
Phone 913-755-2128 • Fax 913-755-6533

Perforation Record

Company: JACKSON BROTHERS, LLC

Lease/Field: NIXON B LEASE

Well: # 0-3

County, State: GREENWOOD COUNTY, KANSAS

Service Order #: 40620

Purchase Order #: N/A

Date: 8/15/2023

Perforated @: 249.5 TO 250.0 2 PERFS
949.5 TO 950.0 2 PERFS
CEMENT SQUEEZE TO PLUG WELL

**Type of Jet, Gun
or Charge** 3 1/2" ALUM JETS

**Number of Jets,
Guns or Charges:** FOUR (4) PERFORATIONS

Casing Size: 4.1/2"

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



Hurricane Services Inc.

Cement or Acid Field Report

Ticket No. EP 10038
 Foreman Kevin McCoy
 Camp EUREKA

Cheevers
 Well
 Service

API # 15-073-01482-00-00

Date	Cust. ID #	Lease & Well Number	Section	Township	Range	County	State	
8-16-23		NIXON B 0-3	27	24S	9E	GW	KS	
Customer JACKSON BROTHERS, LLC			Safety Meeting KM AM 5M		Unit #	Driver	Unit #	Driver
Mailing Address 116 E. 3 rd					1201	ALAN M.		
City EUREKA					1212	STEVE M.		
State KS		Zip Code 67045						

Job Type P.T.A. old well Hole Depth _____ Slurry Vol. 27.5 BBL Tubing 2 3/8"
 Casing Depth _____ Hole Size _____ Slurry Wt. 14. # Drill Pipe _____
 Casing Size & Wt. 4 1/2 Cement Left in Casing _____ Water Gal/SK _____ Other _____
 Displacement _____ Displacement PSI _____ Bump Plug to _____ BPM _____

Remarks: Safety Meeting: Bottom Plug WAS ALREADY Set FROM 2194' - 2125'.
Spot 20 SKS @ 940'
Gel Spacer
Spot 90 SKS 259' to SURFACE inside & outside of 4 1/2

Code	Qty or Units	Description of Product or Services	Unit Price	Total
C012	1	Pump Charge	1180.00	1180.00
M010	15	Mileage	5.00	75.00
CP070	110 SKS	60/40 Pozmix Cement	15.75	1732.50
CP095	380 *	Gel 4%	.40 #	152.00
CP095	200 *	Gel Spacer	.40 #	80.00
M025	4.73 TONS	Ton Mileage	M/C	390.00
	3000 gals	CITY WATER	12.00 / 1000	36.00
			Sub Total	3,645.50
			Less 5% Sales Tax	195.95
				273.41
				3,722.96

THANK You
 M

Authorization Jessie H. Jackson II Title CO-MANAGER

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.