

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

♦ 24 Hour Phone (785) 639-7269
 ♦ Email: franksoilfield@yahoo.com

FIELD TICKET & TREATMENT REPORT CEMENT

TICKET NUMBER 1087
 LOCATION Hone
 FOREMAN Jack

DATE 10-12-20 CUSTOMER # 35970 WELL NAME & NUMBER Schuster 1-28

CUSTOMER Satchell Creek Petroleum MAILING ADDRESS 3032 N Cortina ST CITY Wilhoit STATE KS ZIP CODE 67205

JOB TYPE Plug SECTION 28 TOWNSHIP 10 RANGE 25 COUNTY SH

CASING DEPTH _____ TRUCK # 103 DRIVER CK TRUCK # _____ DRIVER _____

SLURRY WEIGHT _____ TRUCK # 203 DRIVER JT TRUCK # _____ DRIVER _____

DISPLACEMENT _____ HOLE DEPTH _____ TUBING _____ CEMENT LEFT in CASING _____

REMARKS: 1) 50 sy @ 4090' 2) 50 sy @ 2175' 3) 100 sy @ 300' 4) 50 sy @ 275' 5) 10 sy down casing, 30 sy R.H., 15 sy M.H.

PLUGGED as ordered.

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
P005	1	PUMP CHARGE	\$1500.00	\$1500.00
P001	38	MILEAGE	\$1.50	\$247.00
M007	13.57	TMD	\$773.49	\$773.49
C.B.O.D	305 sy	600/40 790 gal 1/4" Fiberglass	\$17.35	\$5291.75
FE055	1	8 1/2" Wooden plug	\$165.00	\$165.00
			ab total	\$7977.24
			1000 5% disc.	\$398.86
			ab total	\$7578.38
			SALES TAX	388.79
			ESTIMATED TOTAL	7967.17

AUTHORIZATION _____ TITLE _____ DATE _____

I acknowledge that the payment terms, unless specifically amended in writing on the front of the form or in the customer's account records, at our office, and conditions of service on the back of this form are in effect for services identified on this form.