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

QES
PRESSURE PUMPING LLC
PO Box 884, Chanute, KS 66720
620-431-9210 or 800-467-8676

10911 / 6085

FIELD TICKET & TREATMENT REPORT
CEMENT

TICKET NUMBER __55350__
LOCATION __Eldorado KS__
FOREMAN __Austin__

Invoice #813434

DATE	CUSTOMER #	WELL NAME & NUMBER		SECTION	TOWNSHIP	RANGE	COUNTY
6-13-18	8113	M wells #1					Cowley

CUSTOMER __Taylor Oil__

	TRUCK #	DRIVER	TRUCK #	DRIVER
MAILING ADDRESS P.O. Box 894	866	Austin		
	448	Jeremy		
CITY Eldorado STATE KS ZIP CODE 67042	611	Brad		
	292	Jude		

JOB TYPE __plug B__   HOLE SIZE _____   HOLE DEPTH __2810__   CASING SIZE & WEIGHT _____

CASING DEPTH _____   DRILL PIPE _____   TUBING _____   OTHER _____

SLURRY WEIGHT _____   SLURRY VOL _____   WATER gal/sk _____   CEMENT LEFT in CASING _____

DISPLACEMENT _____   DISPLACEMENT PSI _____   MIX PSI _____   RATE _____

REMARKS: Safety meeting Hooked up to 2⅜ tubing broke Circulation then pumped 15 sks Cement @ 2810 then displaced 8 bbl water - then pulled tubing up to 260' then ran wire line & tagged Cement @ 2577 then broke Circulation pumped Cement to surface pulled tubing topped of Casing then bullhead Casing then pumped Around Surface Shut Oct Cement Around Surface Shut Surface in Casing would not stay full
Surface & Casing Cement total 130 sks

ACCOUNT CODE	QUANITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
CE0451	1	PUMP CHARGE	1900.00	1900.00
CE0002	25	MILEAGE	3.15	78.75
CE0311	1	min bulk delivery	660.00	660.00
CCS829	130	60/40 4%	16.00	2080.00
CCS325	300	Calcium chloride	1.25	375.00
CC6080	40	Cotton Seed Hulls	1.35	54.00
WE0851	4 hrs	80 VAC	100.00	400
		Subtotal	=	5647.75
		Discount	40%	2259.10
		total	SALES TAX	=
			ESTIMATED TOTAL	3388.65

022

97.85
3486.5

AUTHORIZTION __QES__   TITLE _____   DATE _____

Ravin 3737

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