

Notice: Fill out COMPLETELY and return to Conservation Division at the address below within 30 days from plugging date

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION
WELL PLUGGING RECORD
K.A.R. 82-3-117

Form CP-4
September 2003
Type or Print on this Form
Form must be Signed
All blanks must be Filled

Lease Operator J. MARK RICHARDSON
Address 2045 GARLAND
Phone 316 263-0080 Operator License #: 5414
Type of Well: SWD Docket #: D-27,677
(Oil, Gas D&A, SWD, ENHR, Water Supply Well, Cathodic, Other) (If SWD or ENHR)
The plugging proposal was approved on 8-7-02 (Date)
by Scott Alberg (KCC District Agent's Name)
Is ACCO-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. 4900
_____ Depth to Top. _____ Bottom _____ T.D. _____
_____ Depth to Top. _____ Bottom _____ T.D. _____

API Number: 15 - 097-20-420 -00-01
Lease Name: CATE
Well Number: 1
Spot Location (QQQQ): SE SE NE
2970 Feet from North South Section Line
330 Feet from East West Section Line
Sec. 33 Twp. 27 S. R. 20 East West
County: KIOWA
Date Well Completed: 9/77
Plugging Commencer: 05/21/2002
Plugging Completed: 05/30/2002

Snow depth and thickness of all water, oil and gas formations

Oil, Gas or Water Records		Casing Record (Surface Conductor & Production)				
Formation	Content	From	To	Size	Put In	Pulled Out
		0	602	8 5/8	602	0
MISS DOLOMITE	WATER	0	4900	4 1/2	4900	0

Describe in detail the manner in which the well is plugged indicating where the muc 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 _____ feet to _____ feet each set:

* SEE ATTACHED

RECEIVED
APR 29 2004
KCC WICHITA

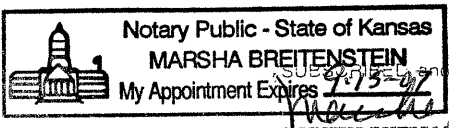
Name of Plugging Contractor: TR SERVICES License #: 4039 32923
Address 271 LAKE RD, PRATT KS 67124

Name of Party Responsible for Plugging Fees J. MARK RICHARDSON
State of KANSAS County: SEDGWICK ss

KIM SANTELLAN (Employee or Operator, or (Operator) on above-described well being first duly sworn or 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

(Signature: Kim Santella)

(Address) 2045 GARLAND, WICHITA KS 67203



SWORN TO before me this 26TH day of APRIL 2004
Marsha Breitenstein My Commission Expires September 15, 2007
Notary Public



No 2594

WORK TICKET

NEW WELL

OLD WELL

RIG # 11

DATE 4-29-07

Business Office: 271 Lake Road
Pratt, KS 67124

24 HR. Phone: 785-623-1066

COMPLETE

INCOMPLETE

JOB TYPE Plugging

COMPANY J-Mark Richardson

LEASE _____ WELL # _____

ADDRESS _____

SEC _____ TWP _____ ANG _____

CITY / STATE _____ ZIP CODE _____

COUNTY Rio STATE KS

POSITION	NAME	HRS REVENUE	TRAVEL	NON REVENUE	TOTAL HRS WKD
OPERATOR	<u>Clay Nusk</u>	<u>10 1/2</u>	<u>3</u>		<u>13 1/2</u>
DERRICK HAND	<u>Jimmy Johnson</u>	<u>10 1/2</u>	<u>3</u>		<u>13 1/2</u>
FLOOR HAND	<u>Jay Scribble</u>	<u>10 1/2</u>	<u>3</u>		<u>13 1/2</u>

JTS	PULLED	WELL EQUIPMENT	JTS	RAN
		RODS		
		RODS		
		PONY RODS		
		POLISHED RODS		
		PUMP / VALVES		
		TUBING		
		PUPS		
		SN / BBL		
		ANCHOR / PACKER		
		OTHER		

DESCRIPTION OF WORK BEING PERFORMED

MIRU - drilled dead men, set up tubing rack.
Pulled tubing & laid out in singles.
dug out Braidin head & set ready to pull casing.

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KCC WICHITA

Double Drum Rig w/2 Men	<u>10 1/2</u>	Hrs @	Per Hour	Total
Travel Time	<u>3</u>	Hrs @	Per Hour	Total
Swab Cups No.	Size	Type	Per Each	Total
Swab Cups No.	Size	Type	Per Each	Total
Misc	<u>longs</u>	<u>1 way</u>		Total
Misc				Total
Misc				Total
Misc				Total
x	<u>Clay Nusk</u>	<u>4 129102</u>		TOTAL

Company Representative

Date



No 2595

WORK TICKET

NEW WELL

OLD WELL

RIG # 4

DATE 4-30-02

Business Office: 271 Lake Road
Pratt, KS 67124

24 HR. Phone: 785-623-1066

COMPLETE

INCOMPLETE

JOB TYPE PLUGGING

COMPANY J-Mark Richardson

LEASE _____ WELL # _____

ADDRESS _____

SEC _____ TWP _____ ANG _____

CITY / STATE _____ ZIP CODE _____

COUNTY Nowy STATE KS

POSITION	NAME	HRS REVENUE	TRAVEL	NON REVENUE	TOTAL HRS WKD
OPERATOR	Clay Nest	10 1/2	3		13 1/2
DERRICK HAND	Jimmy Johnson	10 1/2	3		13 1/2
FLOOR HAND	Jay Sprinkle	10 1/2	3		13 1/2

JTS	PULLED	WELL EQUIPMENT	JTS	RAN
		RODS		
		RODS		
		PONY RODS		
		POLISHED RODS		
		PUMP / VALVES		
		TUBING		
		PUPS		
		SN / BBL		
		ANCHOR / PACKER		
		OTHER		

DESCRIPTION OF WORK BEING PERFORMED

dropped sand first thing, went to Mullinville and got more slips to lay casing down on, rigged up log-tech truck, worked casing out of slips, pulled stretch then set off shot @ app 800'; pulled casing & layed down 20 JTS. then ran in 1200' tubing and prepared to cement next A.M. shut down

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APR 29 2004

Double Drum Rig w/2 Men 10.5 Hrs @ _____ Per Hour
 Travel Time 3 Hrs @ _____ Per Hour
 Swab Cups No. _____ Size _____ Type _____ Per Each _____
 Swab Cups No. _____ Size _____ Type _____ Per Each _____
 Misc logs x 2
 Misc ft bread tube
 Misc _____
 Misc _____
 x Clay A Nest 4/30/02
 Company Representative Date

Total	_____
Total	_____
Total	_____
Total	_____
Total	_____
Total	_____
Total	_____
Total	_____
TOTAL	_____



No 2596

WORK TICKET

NEW WELL

OLD WELL

RIG # 11

DATE 5-1-02

Business Office: 271 Lake Road
Pratt, KS 67124

24 HR. Phone: 785-623-1066

COMPLETE
INCOMPLETE

JOB TYPE Plugging

COMPANY J- Mark Richardson

LEASE _____ WELL # _____

ADDRESS _____

SEC _____ TWP _____ ANG _____

CITY / STATE _____ ZIP CODE _____

COUNTY King STATE KS

POSITION	NAME	HRS REVENUE	TRAVEL	NON REVENUE	TOTAL HRS WKD
OPERATOR	<u>Clay Bush</u>	<u>4</u>	<u>1 1/2</u>	<u>6 1/2</u>	<u>12</u>
DERRICK HAND	<u>Jimmy Johnson</u>	<u>4</u>	<u>1 1/2</u>	<u>6 1/2</u>	<u>12</u>
FLOOR HAND	<u>Jay Sprinkle</u>	<u>4</u>	<u>1 1/2</u>	<u>6 1/2</u>	<u>12</u>

JTS	PULLED	WELL EQUIPMENT	JTS	RAN
		RODS		
		RODS		
		PONY RODS		
		POLISHED RODS		
		PUMP / VALVES		
		TUBING		
		PUPS		
		SN / BBL		
		ANCHOR / PACKER		
		OTHER		

DESCRIPTION OF WORK BEING PERFORMED

waited on cementers to arrive then hoisted up track and cemented surface, layed tubing down, rigged down, picked up location, moved off.

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KCC WICHITA

Double Drum Rig w/2 Men 4 Hrs @ _____ Per Hour Total _____

Travel Time 1 1/2 Hrs @ _____ Per Hour Total _____

Swab Cups No. _____ Size _____ Type _____ Per Each _____ Total _____

Swab Cups No. _____ Size _____ Type _____ Per Each _____ Total _____

Misc 4955 x 1 Total _____

Misc _____ Total _____

Misc _____ Total _____

Misc _____ Total _____

x Clay A Bush 5 11 02 TOTAL _____

Company Representative Date

ALLIED CEMENTING CO., INC.

09813

Federal Tax I.D.# ~~45-27866~~

REMIT TO P.O. BOX 31
RUSSELL, KANSAS 67665

SERVICE POINT:
Medicine L.D.C

DATE <u>5-1-02</u>	SEC <u>33</u>	TWP. <u>27S</u>	RANGE <u>20W</u>	CALLED OUT <u>5:30 A.M.</u>	ON LOCATION <u>8:30 A.M.</u>	JOB START <u>9:00 A.M.</u>	JOB FINISH <u>10:30</u>
LEASE <u>Cat SWD</u>	WELL # <u>#1</u>	LOCATION <u>Mullinville 4N</u>			COUNTY <u>Kiowa</u>	STATE <u>Ks</u>	
<input checked="" type="radio"/> OLD OR NEW (Circle one)			<u>1 1/2 W 3/4 N W1/4 T0</u>				

CONTRACTOR TR Services

TYPE OF JOB O.H.P.

HOLE SIZE 2 7/8 TD 1250

CASING SIZE 8 5/8 DEPTH 650

TUBING SIZE 2 7/8 DEPTH 1250

DRILL PIPE DEPTH

TOOL DEPTH

PRES. MAX MINIMUM

MEAS. LINE SHOE JOINT

CEMENT LEFT IN CSG.

PERFS.

DISPLACEMENT Fresh H₂O

OWNER J. Mark Richardson

CEMENT

AMOUNT ORDERED 110 sk 60' 40' 6

10 sk G-cl

EQUIPMENT

PUMP TRUCK CEMENTER David W.

352 HELPER David F.

BULK TRUCK

242 DRIVER Eric B.

BULK TRUCK

DRIVER

COMMON <u>A 66</u>	@ <u>6.65</u>	<u>438.90</u>
POZMIX <u>44</u>	@ <u>3.55</u>	<u>156.20</u>
GEL <u>15</u>	@ <u>10.00</u>	<u>150.00</u>
CHLORIDE	@	
	@	
	@	
	@	
	@	
HANDLING <u>125</u>	@ <u>1.10</u>	<u>137.50</u>
MILEAGE <u>125 x 40</u>	<u>.04</u>	<u>210.00</u>
TOTAL		<u>1092.60</u>

REMARKS:

SERVICE

Pump 10 sk G-cl Pump 50 sk
60' 40' 6 Displace 3 1/2 BB/s H₂O
@ 12.50 Pump 50 sk 60' 40' 6
Displace w/ 1 1/2 BB/s H₂O at
650 FT Pump 10 sk @ 60' 40' 6 on
Top Rig Down

DEPTH OF JOB <u>1250</u>		
PUMP TRUCK CHARGE		<u>475.00</u>
EXTRA FOOTAGE	@	
MILEAGE <u>42</u>	@ <u>3.00</u>	<u>126.00</u>
PLUG	@	
	@	
	@	
TOTAL		<u>601.00</u>

CHARGE TO: J. Mark Richardson

STREET 2843 Keywest Ct.

CITY WICHITA STATE KANSAS ZIP 67204

FLOAT EQUIPMENT

	@	
	@	
	@	
	@	
	@	

To Allied Cementing Co., Inc.
You are hereby requested to rent cementing equipment and furnish cementer and helper to assist owner or contractor to do work as is listed. The above work was done to satisfaction and supervision of owner agent or contractor. I have read & understand the "TERMS AND CONDITIONS" listed on the reverse side.

TAX 108.39 ⁹⁹

TOTAL CHARGE 1801.00

DISCOUNT 169.36 IF PAID IN 30 DAYS

SIGNATURE LARRY MITCHELL

PRINTED NAME

SIGNATURE

RECEIVED
APR 29 2004
KCC WICHITA

*well
7/1*

LOG-TECH, INC.
1011 240th Ave.
HAYS, KANSAS 67601
(785) 625-3858

INVOICE

9064

Date 4-30-02

CHARGE TO: J MARK Richardson (1-800 886 3192)
 ADDRESS 2843 Roquest Ct Wichita Kansas, 67204
 R/A SOURCE NO. _____ CUSTOMER ORDER NO. DW
 LEASE AND WELL NO. CATE # 1 FIELD FADICK West
 NEAREST TOWN Mellville COUNTY IOWA STATE KANSAS
 SPOT LOCATION SE SE NE SEC. 33 TWP. 27S RANGE 20W
 ZERO TOP CASING SIZE 4 1/2 WEIGHT _____
 CUSTOMER'S T.D. _____ LOG TECH _____ FLUID LEVEL FULL
 ENGINEER D Hensley / K. Schweitzer OPERATOR T Dammann

PERFORATING

Description	No. Shots	From	Depth To	Amount
<i>#1</i> Casing Cutter	0	846		1500.00

DEPTH AND OPERATIONS CHARGES

Description	From	Depth To	Total No. Ft.	Price Per Ft.	Amount
<i>#1</i> 1st Run Depth Determining	0	4360		.14	610.40
<i>#2</i> Dump Baler Cement Run	0	4360		.14	610.40
<i>#3</i> " " " "	0	4360		.14	610.40

(5 SACKS Cement)

*AOE 11:30 AM
TJ 12:00 PM
SJ 12:30 PM
FJ 3:30 PM*

ENTERED

RECEIVED
APR 29 2004

KCC WICHITA

MISCELLANEOUS

Description	Quantity	Amount
Service Charge		450.00

Man JIB'n

PRICES SUBJECT TO CORRECTION BY BILLING DEPARTMENT

Sub Total	3781.20
Code Ref.	1200.00
Tool Insurance	1350.00
Tax	4.9
	66.15
IF PAID WITHIN 30 DAYS PAY DISCOUNT AMOUNT	1416.15

RECEIVED THE ABOVE SERVICES ACCORDING TO THE TERMS AND CONDITIONS SPECIFIED ON THE REVERSE SIDE TO WHICH WE HEREBY AGREE.

Customer Signature: *[Signature]* Date: _____