

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
July 2014
Type or Print on this Form
Form must be Signed
All blanks must be Filled

OPERATOR: License #: 30447
Name: Papp Gas Company
Address 1: 10975 Kill Creek Rd
Address 2: _____
City: De Soto State: KS Zip: 66018 + 9505
Contact Person: Pam Claycamp
Phone: (913) 5831400
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 - 091-22218-00-00
Spot Description: SW SE SE
_____ Sec. 10 Twp. 13 S. R. 22 East West
496 Feet from North / South Line of Section
825 Feet from East / West Line of Section
Footages Calculated from Nearest Outside Section Corner:
 NE NW SE SW
County: Johnson
Lease Name: Papp Well #: 1
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)			Received
Formation	Content	Casing	Size	Setting Depth	Pulled Out
					JUN 30 2016 CONSERVATION DIVISION WICHITA, KS

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.

*See attached receipt.
Taylor Herman was here viewing.*

Plugging Contractor License #: _____ Name: Consolidated Oil Well Service
Address 1: 2631 S. Eisenhower Ave Address 2: _____
City: Ottawa State: KS Zip: 66067 + _____
Phone: (785) 2424044
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.
Signature: Pam Claycamp [Signature]

Mail to: KKCC - Conservation Division, 266 N Main St, Ste 220, Wichita, KS 67202-1513

NS 7-1-10



CONSOLIDATED
Oil Well Services, LLC

TICKET NUMBER 50055

LOCATION Ottawa, KS

FOREMAN Casper Kennedy

PO Box 884, Chanute, KS 66720
620-431-9210 or 800-467-8676

FIELD TICKET & TREATMENT REPORT
CEMENT

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY			
6/28/16		Papp # 1				JO			
CUSTOMER Pam Claycamp									
MAILING ADDRESS 10975 Kill Creek Rd									
CITY De Soto		STATE KS	ZIP CODE 666018						
		TRUCK #		DRIVER		TRUCK #		DRIVER	
		709		Casper		✓		Safety Meeting	
		467		Kei Car		✓			
		503		A. McD		✓			
		675		Kei Det		✓			

JOB TYPE plug HOLE SIZE _____ HOLE DEPTH _____ CASING SIZE & WEIGHT 2 7/8" EUE
 CASING DEPTH 375' DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING full
 DISPLACEMENT _____ DISPLACEMENT PSI _____ MIX PSI _____ RATE 2 bpm
 REMARKS: held safety meeting, established rate, mixed & pumped 20 sks Pozblend
IA cement w/ 6% gel per sk, pressured to 1000#; shut in casing.

[Handwritten signature]

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
CE0450	1	PUMP CHARGE	1500.00	
CE0002	40 mi	MILEAGE	286.00	
CE0711	min	van mileage	600.00	
WE0853	2 hrs	PO Vac	200.00	
		trucks	2646.00	
		- 4.5%	1190.70	
		Subtotal		1455.30
CE5840	20 sks	Pozblend IA cement	270.00	
CC5965	101 #	Coel	30.30	
		materials	300.30	
		- 4.5%	135.14	
		Subtotal		165.16
		Paid check on location		
		# 2637 - \$1633.22		
		Received KANSAS CORPORATION COMMISSION		
		JUN 30 2016 6-30-16 CONSERVATION DIVISION WICHITA, KS	7.725%	
		SALES TAX		12.76
		ESTIMATED TOTAL		1633.22

Revin 3737

AUTHORIZATION *[Signature]*

TITLE _____

DATE 6/28/16

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.