



Notice: Fill out COMPLETELY and return to Conservation Division at the address below within 60 days from plugging date.

KANSAS CORPORATION COMMISSION 1040364
OIL & GAS CONSERVATION DIVISION

Form CP-4
March 2009

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

WELL PLUGGING RECORD
K.A.R. 82-3-117

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

Mail to: KCC - Conservation Division, 130 S. Market - Room 2078, Wichita, Kansas 67202



CONSOLIDATED
Oil Well Services, LLC

REMIT TO
Consolidated Oil Well Services, LLC
Dept. 970
P.O. Box 4346
Houston, TX 77210-4346

MAIN OFFICE
P.O. Box 884
Chanute, KS 66720
620/431-9210 • 1-800/467-8676
FAX 620/431-0012

INVOICE

Invoice # 234770

Invoice Date: 06/18/2010 Terms:

Page 1

CROSS BAR ENERGY LLC
100 S. MAIN, SUITE 400
WICHITA KS 67202
(316) 239-6151

APPLEMAN-EDWARDS #1
28730
06-15-10

Part Number	Description	Qty	Unit Price	Total
1131	60/40 POZ MIX	70.00	11.0000	770.00
1118A	S-5 GEL/ BENTONITE (50#)	240.00	.2000	48.00
1118B	PREMIUM GEL / BENTONITE	500.00	.2000	100.00

Description	Hours	Unit Price	Total
445 P & A OLD WELL	1.00	605.00	605.00
445 EQUIPMENT MILEAGE (ONE WAY)	15.00	3.55	53.25
515 MIN. BULK DELIVERY	1.00	305.00	305.00

Lease APPLIED
Well # AE1
Desc. AE1; CMT to Plug
Acct # 4050-92

Parts:	918.00	Freight:	.00	Tax:	57.83	AR	1939.08
Labor:	.00	Misc:	.00	Total:	1939.08		
Sublt:	.00	Supplies:	.00	Change:	.00		

Signed _____ Date _____



CONSOLIDATED
Oil Well Services, LLC

ENTERED

TICKET NUMBER 28730

LOCATION EURORA

FOREMAN Rick Ledford

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												
6-15-10	2098	Appleman-Edwards #2	7	23	11E	GL												
CUSTOMER Cross Bar Energy LLC			<table border="1"> <thead> <tr> <th>TRUCK #</th> <th>DRIVER</th> <th>TRUCK #</th> <th>DRIVER</th> </tr> </thead> <tbody> <tr> <td>445</td> <td>Justin</td> <td></td> <td></td> </tr> <tr> <td>575</td> <td>Chris</td> <td></td> <td></td> </tr> </tbody> </table>				TRUCK #	DRIVER	TRUCK #	DRIVER	445	Justin			575	Chris		
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445	Justin																	
575	Chris																	
MAILING ADDRESS 100 S Main st 400																		
CITY Uichita	STATE KS	ZIP CODE 67202																

JOB TYPE P.T.A 0 HOLE SIZE _____ HOLE DEPTH _____ CASING SIZE & WEIGHT 4 1/2"
 CASING DEPTH _____ DRILL PIPE _____ TUBING 2 3/4" OTHER _____
 SLURRY WEIGHT 14# SLURRY VOL _____ WATER gal/sk 7.0 CEMENT LEFT IN CASING _____
 DISPLACEMENT _____ DISPLACEMENT PSI _____ MIX PSI _____ RATE _____

REMARKS: Safety meeting. Rig up to 2 3/4" tubing. Pumped 10 sacks gel-flush ahead.
Plugging orders as follows:
20 sacks @ 1957'
20 sacks @ 900'
30 sacks @ 150' to surface
70 sacks total

"Thank You"

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5405A	1	PUMP CHARGE	605.00	605.00
5406	15	MILEAGE	3.55	53.25
1131	70 sacks	100/40 Permox cement	11.00	770.00
118A	240 #	470 gel	.20	48.00
118B	500 #	gel-flush	.20	100.00
5407	3.0'	tax mileage back tax	m/c	305.00
			subtotal	1881.25
			SALES TAX	21.83
			ESTIMATED TOTAL	1903.08

Revin 3737

234110

AUTHORIZATION Witnessed by Stuart Wladic TITLE Co. Rep 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.