



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

KANSAS CORPORATION COMMISSION 1046038  
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

TICKET NUMBER 27226  
LOCATION Ottawa KS  
FOREMAN Fred Mader

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 |
|--|------------|----------------------|-------------------------------|----------|-------|--------|
| 10/21/10                                   | 2582       | <del>Wilkes</del> #1 | NE 26                         | 7        | 21    | LV     |
| CUSTOMER<br>Cholla Production              |            |                      | TRUCK # DRIVER TRUCK # DRIVER |          |       |        |
| MAILING ADDRESS<br>785 S Elati St. Ste 201 |            |                      | 506 Fred Safety Mtg           |          |       |        |
| CITY STATE ZIP CODE<br>Littleton CO 80120  |            |                      | 368 Ken K13                   |          |       |        |
|  |            |                      | 370 Arlen ARM                 |          |       |        |
|  |            |                      | 544 Tim TMT                   |          |       |        |

JOB TYPE Plug HOLE SIZE \_\_\_\_\_ HOLE DEPTH 1515' CASING SIZE & WEIGHT 4 1/2  
 CASING DEPTH \_\_\_\_\_ DRILL PIPE Perfs @ 1400' OTHER \_\_\_\_\_  
 SLURRY WEIGHT \_\_\_\_\_ SLURRY VOL \_\_\_\_\_ WATER gal/sk \_\_\_\_\_ CEMENT LEFT IN CASING Full  
 DISPLACEMENT N/A DISPLACEMENT PSI \_\_\_\_\_ MIX PSI < 100\* RATE 3 BPM

REMARKS: Establish pump rate. (App 3BPM). Mix + Pump 103  
SKs 50/50 Por Mix Cement 6% Premium Gel into  
well. Pressure to 1100\* PSI. Shut in well.

*Fred Mader*

Note: Mixed Cement w/ Salt water.

| ACCOUNT CODE      | QUANTITY or UNITS | DESCRIPTION of SERVICES or PRODUCT | UNIT PRICE | TOTAL     |
|-------------------|-------------------|------------------------------------|------------|-----------|
| 5405A             | 10 F <sup>3</sup> | PUMP CHARGE Bull head Plug         |            |           |
| 5406              | -                 | MILEAGE Truck on lease.            |            |           |
| 5407A             | 346.08            | Ton Miles                          |            |           |
| 5602C             | 2 hrs             | 80 B&Voc Truck                     |            |           |
| 1124              | 975 kS            | 50/50 Por Mix Cement               |            |           |
| 1118B             | 520*              | Premium Gel                        |            |           |
| 1105              | 15 <sup>th</sup>  | Cottonseed hulls                   |            |           |
| <u>WO# 237529</u> |                   |                                    |            |           |
|                   |                   |                                    | 7.3%       | SALES TAX |
|                   |                   |                                    |            | ESTIMATED |
|                   |                   |                                    |            | TOTAL     |

Flavin 3737.

AUTHORIZATION *Wann* 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.