



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

KANSAS CORPORATION COMMISSION 1049635
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 # 238725

=====
Invoice Date: 12/17/2010 Terms: Page 1
=====

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

BURKETT D-33
30064
12-16-10

=====
=====

Part Number	Description	Qty	Unit Price	Total
1131	60/40 POZ MIX	115.00	11.3500	1305.25
1118B	PREMIUM GEL / BENTONITE	400.00	.2000	80.00
1118B	PREMIUM GEL / BENTONITE	200.00	.2000	40.00

Description	Hours	Unit Price	Total
441 MIN. BULK DELIVERY	1.00	315.00	315.00
485 P & A OLD WELL	1.00	625.00	625.00
485 EQUIPMENT MILEAGE (ONE WAY)	15.00	3.65	54.75

=====
Parts: 1425.25 Freight: .00 Tax: 104.04 AR 2524.04
Labor: .00 Misc: .00 Total: 2524.04
Sublt: .00 Supplies: .00 Change: .00
=====

Signed _____ Date _____

BARTLESVILLE, OK
918/338-0808

ELDORADO, KS
316/322-7022

EUREKA, KS
620/583-7664

GILLETTE, WY
307/686-4914

OAKLEY, KS
785/672-2227

OTTAWA, KS
785/242-4044

THAYER, KS
620/839-5269

WORLAND, WY
307/347-4577



CONSOLIDATED
Oil Well Services, LLC



ENTERED

TICKET NUMBER 30064

LOCATION Eureka

FOREMAN Steve Mead

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	
12-16-10	2598	Burkett D-33				Greenwood	
CUSTOMER Cross Bar Energy LLC			SAFTY meeting S.F. J.P.				
MAILING ADDRESS 100 S. Main Suite 400							
CITY Wichita		STATE Ks	ZIP CODE 67202	TRUCK #	DRIVER	TRUCK #	DRIVER
				485	Shannon		
				471	J.P.		

JOB TYPE PTA 0 HOLE SIZE _____ HOLE DEPTH _____ 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. Tubing AT 1158'. Rig up to 2 3/8 Tubing. Break Circulation with 7 bbls Fresh water. Pump 200# Gel spacer. Mix 50 sks 60/40 mix cement 4% Gel. Displace with 11 bbls Fresh water. Wait on pulling unit Pullout Tubing. Rig back up to 2 3/8 Tubing. Break Circulation. Mix 65 sks 60/40 Pozmix w/ 4% Gel. 150' to Surface. Pullout Tubing. Zap well off.
Job Complete Rig down

Thank you

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5405A	1	PUMP CHARGE	625.00	625.00
5406	15	MILEAGE	3.65	54.75
1131	115	60/40 Pozmix Cement	11.35	1305.25
1118B	400#	Gel 4%	.20	80.00
1118B	200#	Gel spacer	.20	40.00
5407		Ten Mileage Bulk Truck	MIC	315.00
			Sub Total	2420.00
			SALES TAX	104.04
			ESTIMATED TOTAL	2524.04

Ravin 3737

AUTHORIZATION [Signature]

238120

TITLE Co. Rep

DATE 12-16-10

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.