

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

1049637

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.

(Print Name) ☐ Employee of Operator or ☐ Operator on above-described well,

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 # 238835

Invoice Date: 12/23/2010 Terms:

Page 1

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

BURKETT D-32
30089
12-20-10

Part Number	Description	Qty	Unit Price	Total
1131	60/40 POZ MIX	200.00	11.3500	2270.00
1118B	PREMIUM GEL / BENTONITE	700.00	.2000	140.00
1118B	PREMIUM GEL / BENTONITE	300.00	.2000	60.00

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: 2470.00 Freight: .00 Tax: 180.31 AR 3645.06
Labor: .00 Misc: .00 Total: 3645.06
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



ENTERED

TICKET NUMBER 30089

LOCATION Eureka

FOREMAN Steve Meach

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	
12-20-10	2598	Buckett # 0-32				Greenwood	
CUSTOMER Cross Bar Energy			Safety Meeting SM AM AB GM	TRUCK #	DRIVER	TRUCK #	DRIVER
MAILING ADDRESS 100 S. Main Ste. 400				485	Alan		
CITY Wichita				441	Allen B		
STATE KS					Greg		
ZIP CODE 67202							

JOB TYPE <u>PTA</u>	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: Soft Misting. Rig up to 2 3/4 Tubing. Break Circulation with Fresh Water. Mix 300# Gel Spacer. Mix 25 SKS 69/40 Pozmix w/ 4% Gel. Displace with 6" bbls. Shut well in First Plug Approx. 2100'. Rig back up to 2 3/4 Tubing. Break Circulation w/ Fresh Water. Spot 25 SKS 69/40 Pozmix Cement AT 900'. Rig up to 4 1/2 Casing. Break Circulation. Mix 150 SKS 69/40 Poz mix Cement 4% Gel. Circulated cement on Back Side. Shut down Job Complete. Rig down.

Thank you

[illegible]

Bayin 3737

AUTHORIZATION

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.