



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

**KANSAS CORPORATION COMMISSION 1050335**  
**OIL & GAS CONSERVATION DIVISION**  
**WELL PLUGGING RECORD**  
 K.A.R. 82-3-117

Form CP-4  
March 2009

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

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 # 238759

Invoice Date: 12/20/2010 Terms:

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LARSON ENGINEERING  
562 W. HWY 4  
OLMITZ KS 67574  
( ) -

ELDRIDGE 3-~~32~~  
30088  
12-17-10

Part Number	Description	Qty	Unit Price	Total
1131	60/40 POZ MIX	125.00	11.3500	1418.75
1118B	PREMIUM GEL / BENTONITE	430.00	.2000	86.00
1118B	PREMIUM GEL / BENTONITE	500.00	.2000	100.00
Description		Hours	Unit Price	Total
485	P & A OLD WELL	1.00	625.00	625.00
485	EQUIPMENT MILEAGE (ONE WAY)	80.00	3.65	292.00
515	TON MILEAGE DELIVERY	429.60	1.20	515.52

PAID JAN 19 2011  
18687

Parts:	1604.75	Freight:	.00	Tax:	125.17	AR	3162.44
Labor:	.00	Misc:	.00	Total:	3162.44		
Sublt:	.00	Supplies:	.00	Change:	.00		

9037

Signed \_\_\_\_\_ Date \_\_\_\_\_



**CONSOLIDATED**  
Oil Well Services, LLC



**ENTERED**

TICKET NUMBER 30088

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
12-17-10	4802	EIDridge 3-2	32	14s	10E	Wabaussee
CUSTOMER			TRUCK #			
Larson Operating Co.			DRIVER			
MAILING ADDRESS			TRUCK #			
562 W. HX. 4			DRIVER			
CITY			TRUCK #			
Olmstead			DRIVER			
STATE		ZIP CODE				
KS		67574				

JOB TYPE	HOLE SIZE	HOLE DEPTH	CASING SIZE & WEIGHT
PTA			
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: Rig up to 2 3/8 Tubing. Break circulation with 10 bbls Fresh Water. Pump 350# Gel spacer, Mix 25 sks 60/40 Poz mix Cement w/ 4% Gel. Displace with 6 bbls Fresh water. Wait on Pulling Unit to pull out pipe. Rig up to 2 3/8 Tubing. Load hole 150# Gel Flush, Mix 100 sks 60/40 Poz mix Cement w/ 4% Gel. Pull out Tubing. Top well off. Job complete Rig down.

Thank you

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5405 A	1	PUMP CHARGE	625.00	625.00
5406	80	MILEAGE	3.65	292.00
1131	125 sks	60/40 Poz mix Cement	11.35	1418.75
1118B	430#	Gel 4%	.20	86.00
1118B	500#	Gel spacer	.20	100.00
5407A	5.37 tons	Ton Mileage Bulk Trucks	1.20	515.52
			Sub Total	3037.27
			SALES TAX 7.8%	125.17
			ESTIMATED TOTAL	3162.44

Revin 3737

238159

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.