

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

the same are true and correct, so help me God.

KANSAS CORPORATION COMMISSION OIL & GAS CONSERVATION DIVISION

1056001

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 #:			AF	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			
Name:							
Address 1:			_				
Address 2:			_				
City:	State:	Zip:+ +	_				
Contact Person:			Fo	otag	es Calculated from Neares	st Outside Section Corner:	
Phone: ()				NE NW SE SW			
Type of Well: (Check one)	Oil Well Gas Well	OG D&A Cathodi	ic C	County:			
Water Supply Well	Other:	SWD Permit #:		Lease Name: Well #: Date Well Completed: (Date) by: (KCC District Agent's Name) Plugging Commenced: Plugging Completed:			
ENHR Permit #:	Gas Sto	rage Permit #:					
Is ACO-1 filed? Yes	No If not, is well	l log attached? Yes	1				
Producing Formation(s): List A	All (If needed attach another	sheet)	by				
Depth to	Top: Botto	m: T.D	_{PI}				
Depth to	Top: Botto	m: T.D					
Depth to	Top: Botto	m:T.D		33	0 1		
				—			
Show depth and thickness of		ations.					
Oil, Gas or Water	Records			ord (S	Surface, Conductor & Produc	tion)	
Formation	Content	Casing	Size		Setting Depth	Pulled Out	
Describe in detail the manner cement or other plugs were us	. 00					ds used in introducing it into the hole. If	
Plugging Contractor License #	<i>t</i> :		Name:				
Address 1:			Address 2: _	s 2:			
City:			St	ate: _		Zip:+	
Phone: ()							
Name of Party Responsible fo	r Plugging Fees:						
State of	County, _		,	SS.			
	(Print Name)			[Employee of Operator or	Operator on above-described well,	

Submitted Electronically

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

CONSOLIDATED Oil Well Services, LLC

TICKET NUM	BER	30	746	vež.
LOCATION_	ONKI	ey k	25	
FOREMAN	Tuz	74	No. of	The state of the s

FIELD TICKET & TREATMENT REPORT

PO Box 884, Chanute, KS 66720 620-431-9210 or 800-467-8676 CEMENT DATE CUSTOMER# WELL NAME & NUMBER SECTION TOWNSHIP RANGE COUNTY 4-21.11 Younkin 21 12 32w Logan CUSTOMER Bown A.
MAILING ADDRESS TRUCK# DRIVER TRUCK# DRIVER 463 miles 528 Josh CITY STATE ZIP CODE (014 CASING SIZE & WEIGHT 5 12 -JOB TYPE BWP HOLE SIZE HOLE DEPTH CASING DEPTH 4633 DRILL PIPE TUBING **OTHER** SLURRY WEIGHT 14.1 SLURRY VOL 1.40 WATER gal/sk__ **CEMENT LEFT in CASING** DISPLACEMENT & DISPLACEMENT PSI MIX PSI 1300 hulls Collowed b Lement ACCOUNT **QUANITY or UNITS DESCRIPTION of SERVICES or PRODUCT UNIT PRICE** TOTAL CODE 5405A PUMP CHARGE 90 5406 10 MILEAGE 435 350 60140 DOZ 1 (31 5027 2404* 1118 3 24 576 300 * 1105 5407 15.05 subdotal

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1381.59	SALES TAX			-verbus com
633.6	ESTIMATED TOTAL	ex exply)	onpany wan le	avin 3737 1 C
	DATE	TITLE		AUTHORIZTION
	ESTIMATED TOTAL		onpany wan le	Ravin 3797

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.