



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

KANSAS CORPORATION COMMISSION 1057703
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 30783
LOCATION Oakley, KS
FOREMAN Fuzzy

Box 884, Chanute, KS 66720
431-9210 or 800-467-8676

FIELD TICKET & TREATMENT REPORT
CEMENT

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
5-9-11	2776	Bentley 1-28	28	19s	34w	Scott

TRUCK #	DRIVER	TRUCK #	DRIVER
463	Relly G		
5166	Josh G		
	Cory D		

CUSTOMER	STATE	ZIP CODE
Eagle Creek Corp.	Ks	67202

CITY	STATE	ZIP CODE
Wichita	Ks	67202

JOB TYPE PTA HOLE SIZE 7 7/8 HOLE DEPTH 5025 CASING SIZE & WEIGHT _____
 CASING DEPTH _____ DRILL PIPE 4 1/2 TUBING _____ OTHER _____
 SLURRY WEIGHT 14.1 SLURRY VOL 1.40 WATER gal/sk 6.7 CEMENT LEFT in CASING _____
 DISPLACEMENT _____ DISPLACEMENT PSI _____ MIX PSI _____ RATE _____

REMARKS: Safety meeting on Val #4 riser to plug @
50 SKS @ 2330'
80 SKS @ 1280
50 SKS @ 600
50 SKS @ 340
20 SKS @ 60'
20 SKS in MH
30 SKS in R+H

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5405N	1	PUMP CHARGE	1250 ⁰⁰	1250 ⁰⁰
5406	45	MILEAGE	5 ⁰⁰	225 ⁰⁰
5407A	12.9	Ton Mileage Delivery	158	917 ¹⁹
1131	3,00 SKS	60140 Poz.....	1435	4305 ⁰⁰
4432	1	8 5/8 Plug		96 ⁰⁰
118B	1032	Bentonite	.24	247 ⁶⁸
1107	75*	Flo-seal	265	1993 ⁰⁰
		subtotal		
		Sales Tax	2,390	402 ⁴⁸
		subtotal		7642 ⁷⁶
		less 15% disc		1146 ⁵²
				6496 ³⁶
		241302		

Ravin 3737
 AUTHORIZATION: [Signature] TITLE Toolpusher DATE 5-9-11
 SALES TAX ESTIMATED TOTAL 6496³⁶

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.



CONSOLIDATED
Oil Well Services, LLC

TICKET NUMBER 28004

LOCATION Oakley, Ks

FOREMAN Walt Dinkel

PO Box 884, Chanute, KS 66720
620-431-9210 or 800-467-8676

FIELD TICKET & TREATMENT REPORT
CEMENT

Ks

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY												
4-30-11	2776	Bontrager 1-28	28	19S	34W	Scott												
CUSTOMER <u>Eagle Creek Corporation</u>			<table border="1"> <thead> <tr> <th>TRUCK #</th> <th>DRIVER</th> <th>TRUCK #</th> <th>DRIVER</th> </tr> </thead> <tbody> <tr> <td>399</td> <td>Kelly Gable</td> <td></td> <td></td> </tr> <tr> <td>460</td> <td>Damen Miller</td> <td></td> <td></td> </tr> </tbody> </table>				TRUCK #	DRIVER	TRUCK #	DRIVER	399	Kelly Gable			460	Damen Miller		
TRUCK #	DRIVER	TRUCK #					DRIVER											
399	Kelly Gable																	
460	Damen Miller																	
MAILING ADDRESS <u>150 N. Main, Ste 905</u>																		
CITY <u>Wichita</u>	STATE <u>Ks</u>	ZIP CODE <u>67202</u>																

3000
City
85
W
MS

JOB TYPE Surface-O HOLE SIZE 12 1/4 HOLE DEPTH 314 CASING SIZE & WEIGHT 8 5/8 . 20 #
 CASING DEPTH 314' DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT 15.2 SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING 20'
 DISPLACEMENT 18 3/4 BBL DISPLACEMENT PSI _____ MIX PSI _____ RATE 5 BPM

REMARKS: Safety meeting, Rig up to cive
mixed 210 SKs com, 3% cc - 2% Cal
released Plug + Displaced 18 3/4 BBL H2O
shut in
(Cement Did Cure)
in collar

*Thank You
Walt + crew*

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
54015	1	PUMP CHARGE	4,025 ⁰⁰	4,025 ⁰⁰
5406	45	MILEAGE	5 ⁰⁰	225 ⁰⁰
11045	210 SKs	Class A cement	16 ⁸⁰	3,528 ⁰⁰
1102	591 #	Calcium Chloride	.84	496 ⁴⁴
1118B	394 #	Bentonite	.24	94 ⁵⁶
5407A	9.87	Ton Mileage Delivery	15 ⁸⁸	701 ⁷⁶
4432	1	8 5/8 wooden Plug	96 ⁰⁰	96 ⁰⁰
				6,825 ⁰⁰
				6,166 ⁷⁶
				- 925 ⁰²
				5,241 ⁷⁴
			SALES TAX	297.36
			ESTIMATED TOTAL	5,539 ¹⁰

241071

Ravin 3737

AUTHORIZATION [Signature] 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.