

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

1059817

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 #:				API No. 1	5			
Name:				Spot Des	cription:			
Address 1:					Sec 7	Гwp S. R East _	West	
Address 2:					Feet from	North / South Line of S	Section	
City:					Feet from East / West Line of Section			
Contact Person:				Footages	Calculated from Near	est Outside Section Corner:		
Phone: ()					NE NW	SE SW		
Type of Well: (Check one)	Oil Well Gas Well	OG D&A Cathoo	dic	County:				
Water Supply Well	Other:	SWD Permit #:		•		Well #:		
ENHR Permit #:	Gas Sto	orage Permit #:				vven #		
Is ACO-1 filed? Yes	No If not, is wel	I log attached? Yes	No			roved on:		
Producing Formation(s): List /	All (If needed attach anothe	r sheet)				(KCC District Agent's		
Depth to	o Top: Botto	om: T.D				, , , , , , , , , , , , , , , , , , ,		
Depth to	o Top: Botto	om: T.D						
Depth to	o Top: Botto	om:T.D		Plugging	Completed			
Show depth and thickness of	all water, oil and gas form	ations.						
Oil, Gas or Wate	r Records		Casing F	Record (Surf	face, Conductor & Prod	uction)		
Formation	Content	Casing	Size		Setting Depth	Pulled Out		
cement or other plugs were u	sed, state the character of	same depth placed from (bo	ottom), to (op) for eac	h plug set.			
Plugging Contractor License #:			Name: _					
Address 1:			Address	2:				
City:				State:				
Phone: ()								
Name of Party Responsible fo	or Plugging Fees:							
State of	Countv.			, SS.				
	3,				anlawa at Ot-	On anotan air als aire de ''	الديناسة	
	(Print Name)			Em	ipioyee oi Operator or	Operator on above-describe	u 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



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 # 242254

Invoice Date: 06/29/2011 Terms: 0/0/30,n/30 Page 1

VESS OIL CORPORATION 1700 WATER FRONT PKWAY BLD 500 WICHITA KS 67226 (316)682-1537 PHILLIPS-MINGENBACK #1 31079 25-248-4E 06-24-11 KS

Part Number Description Qty Unit Price Total 1104S CLASS "A" CEMENT (SALE) 24.00 14.2500 342.00

Description Hours Unit Price Total

442 EQUIPMENT MILEAGE (ONE WAY)
442 MIN. BULK DELIVERY

.00 4.00 .00
1.00 330.00

Parts: 342.00 Freight: .00 Tax: 22.40 AR 694.40

Labor: .00 Misc: .00 Total: 694.40
Sublt: .00 Supplies: .00 Change: .00

Signed______Date____

BARTLESVILLE, OK ELDORADO, KS 918/338-0808 ELDORADO, KS

EUREKA, Ks 620/583-7664 3

GILLETTE, WY 307/686-4914 Oakley, KS 785/672-2227 Оттаwа, **K**s 785/242-4044 Thayer, Ks 620/839-5269 Worland, Wy 307/347-4577





TICKET NUMBER 31079

LOCATION # 180 E 100 rado

FOREMAN Jacob Storm

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

FIELD TICKET & TREATMENT REPORT CEMENT

DATE -24-11 8	CUSTOMER#	WEL	NAME & NUMI	BER	SECTION	TOWNSHIP	RANGE	COUNTY
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TOMER	الته	120,11162	- migen	G. Ch.	and the same of th			AND THE POWER
				Sciffy	TRUCK#	DRIVER	TRUCK#	DRIVER
ING ADDRES				15	442	Clay		
on wate	er-front p	arkur, R	12500	ce	511	Jacob		
<u> </u>	3. 4.6 }	STATE	ZIP CODE] .		<u> </u>		
chita		Ks	67226	1			<u> </u>	
TYPE Miss	<u> </u>	HOLE SIZE 7		→ HOLE DEPTH		CASING SIZE & V	WEIGHT <u>85/8</u>	
				TUBING			OTHER	
	DRILL PIPE HTSLURRY VOL					in CASING		
			_			DATE		
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			 _					TOTAL
CCOUNT	QUANITY	Y or UNITS	ם	ESCRIPTION of	of SERVICES or Pi	RODUCI	UNIT PRICE	IOIAL
CODE								
CODE	 		PUMP CHAR	GE				11/6
	7		MILEAGE				4.00	N/C
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06	7 1 24sk	.5	MILEAGE	ulk_ c	delivery		330,00	342.00
06 07	7 1 24sk	<u>S</u>	MILEAGE	ulk_ c	delivery		330,00	342.00
06 07	7 24sk	.<	MILEAGE	ulk_ c	delivery		330,00	342.00
06	7 24sk	<	MILEAGE	ulk_ c			330,00 14,25 Subtota	342.00

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.



JUL 0 1 2011

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

4.00

330.00

INVOICE Invoice # 242257

VESS OIL CORPORATION 1700 WATER FRONT PKWAY BLD 500 WICHITA KS 67226 (316)682-1537

EQUIPMENT MILEAGE (ONE WAY)

MIN. BULK DELIVERY

PHILLIPS-MINGENBACK #1 31076 25-24S-4E 06-22-11 KS

.00

1.00

Qty Unit Price Description Total Part Number 11.9500 896.25 75.00 60/40 POZ MIX 1131 .2000 60.00 300.00 1118B PREMIUM GEL / BENTONITE Hours Unit Price Total Description 975.00 975.00 1.00 446 P & A NEW WELL

 Parts:
 956.25 Freight:
 .00 Tax:
 62.63 AR

 Labor:
 .00 Misc:
 .00 Total:
 2323.88

 Sublt:
 .00 Supplies:
 .00 Change:
 .00

Signed Date______Date_____

BARTLESVILLE, OK ELDORADO, KS 918/338-0808 316/322-7022

446

491

Eureka, Ks 620/583-7664 GILLETTE, WY 307/686-4914 Oakley, KS 785/672-2227 Оттаwа, Ks 785/242-4044 THAYER, Ks 620/839-5269 Worland, Wy 307/347-4577

2323.88

.00

330.00



TICKET NUMBER LOCATION #180 EDOrado FOREMAN Jacob Storm

DATE

PO Box 884, Chanute, KS 66720

AUTHORIZTION

FIELD TICKET & TREATMENT REPORT

CEMENT 620-431-9210 or 800-467-8676 RANGE COUNTY SECTION TOWNSHIP WELL NAME & NUMBER DATE CUSTOMER# 245 4E Butler CUSTOMER Safty DRIVER TRUCK # DRIVER TRUCK# V 655 meuting 446 MAILING ADDRESS Jacob 491 CASING SIZE & WEIGHT 85/8 HOLE SIZE HOLE DEPTH DRILL PIPE 41/2 TUBING CASING DEPTH CEMENT LEFT in CASING SLURRY VOL WATER gal/sk **SLURRY WEIGHT** DISPLACEMENT PSI LOO MIX PSI LOO RATE 362M DISPLACEMENT

ACCOUNT CODE	QUANITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5405N		PUMP CHARGE	975.00	975.00
5406	7	MILEAGE	4.00	NIC
5407		min bulk delivery	3.30,00	<i>330,0</i> 0
1131	755K5 300165	60/40 POZ	11.95	896,25
1118B	300165	60/40 poz.	0.20	60.00
				<u> </u>
			Subtital	2241.25
			SALES TAX	62.63
Ravin 3737		ର୍ୟରଚ୍ଚୀ	ESTIMATED TOTAL	2333.8

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.

TITLE_