



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

KANSAS CORPORATION COMMISSION 1059845
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

ENTERED

TICKET NUMBER 30608

LOCATION Eureka

FOREMAN Steve Mead

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

FIELD TICKET & TREATMENT REPORT

CEMENT APT N/A

| DATE | CUSTOMER # | WELL NAME & NUMBER | SECTION | TOWNSHIP | RANGE | COUNTY |
|--|-------------|--------------------|-------------------------------|----------------|-------|------------------|
| <u>6-9-11</u> | <u>3628</u> | <u>Huxman # 9</u> | | | | <u>McPherson</u> |
| CUSTOMER <u>Hess Oil Company</u> | | | TRUCK # DRIVER TRUCK # DRIVER | | | |
| MAILING ADDRESS <u>2080 E Kansas</u> | | | <u>485</u> | <u>Alan M.</u> | | |
| CITY STATE ZIP CODE <u>McPherson KS 67460</u> | | | <u>491</u> | <u>Joey</u> | | |

JOB TYPE PTA HOLE SIZE _____ HOLE DEPTH _____ CASING SIZE & WEIGHT _____
 CASING DEPTH _____ DRILL PIPE _____ TUBING 2 7/8 OTHER _____
 SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING _____
 DISPLACEMENT 14 bbls DISPLACEMENT PSI _____ MIX PSI _____ RATE _____

REMARKS: Safety Meeting: Rig up to 2 7/8" Tubing. Break Circulation w/ Fresh Water
Mix 30 sks 60/40 Poz mix Cement with 4% Gel. Displace with 14 bbls
Fresh Water.
Job Complete Rig down

Thank you

| ACCOUNT CODE | QUANTITY or UNITS | DESCRIPTION of SERVICES or PRODUCT | UNIT PRICE | TOTAL |
|---------------|-------------------|------------------------------------|------------------------|----------------|
| <u>5405 A</u> | <u>1</u> | <u>PUMP CHARGE</u> | <u>655.00</u> | <u>655.00</u> |
| <u>5406</u> | <u>50</u> | <u>MILEAGE</u> | <u>4.00</u> | <u>200.00</u> |
| <u>1131</u> | <u>35 sks</u> | <u>60/40 Poz mix Cement</u> | <u>11.95</u> | <u>418.25</u> |
| <u>1118 B</u> | <u>120 #</u> | <u>Gel 4%</u> | <u>.20</u> | <u>24.00</u> |
| <u>5407</u> | | <u>Ton mileage Bulk Truck</u> | <u>MIC</u> | <u>330.00</u> |
| | | | <u>Sub Total</u> | <u>1627.25</u> |
| | | | <u>SALES TAX</u> | <u>30.28</u> |
| | | | <u>ESTIMATED TOTAL</u> | <u>1657.53</u> |

Ravin 3707

241900

TITLE Supervisor

DATE _____

AUTHORIZATION _____

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



ENTERED

TICKET NUMBER 31096
LOCATION El Dorado Ks 180
FOREMAN William Zabel

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 |
|---|------------|--------------------|---|----------|---------|-----------|
| 6-10-11 | 3628 | J.P. Hartman #9 | 29 | 215 | 1W | McPherson |
| CUSTOMER Hess oil Company | | | Saffery Meeting 7/11 CLC 9/26/11 | | | |
| MAILING ADDRESS 2080 E. Kansas / P.O. Box 1009 | | | TRUCK # | DRIVER | TRUCK # | DRIVER |
| CITY McPherson | | | 467 | Ted S | | |
| STATE Ks | | | 491 | Clay C | | |
| ZIP CODE 67460 | | | 526 | Bill Z | | |

JOB TYPE Cement Plug 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: Acute communication with water Pumped Cement down 2 3/4 to 400' Unit 1
Back side Hall Station Backside. Pumped cement until returned to collar
Pulled out Tubing & Tapped off Hole. Pumped 143 sd Tubing.

| ACCOUNT CODE | QUANTITY or UNITS | DESCRIPTION of SERVICES or PRODUCT | UNIT PRICE | TOTAL |
|--------------|-------------------|------------------------------------|------------|-----------|
| 5401 | 1 | PUMP CHARGE Cement Pump. | 975.00 | 975.00 |
| 5406 | 53 miles | MILEAGE Pump Truck. | 4.00 | 212.00 |
| 5407A | 53 miles | 1x 60x126 Bulk Cement Delivery. | 1.26 | 401.08 |
| 1131 | 143 sd | 60/40 P2 Msk. | 11.95 | 1708.85 |
| 1118 | 575 lbs | Premium Coal | .20 | 115.00 |
| 1102 | 230 lbs | Calcium Chloride. | .70 | 161.00 |
| 1107 | 50 lbs | Celloflakes | 2.22 | 111.00 |
| Sub Total | | | | # 3683.93 |
| | | | | 153.00 |
| | | | | 3836.93 |

Ravin 3737

[Handwritten signature]

541984

TITLE Prod Supt.

SALES TAX _____
ESTIMATED TOTAL 3836.93
DATE 6-10-11

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

BUILDERS CONCRETE & SUPPLY, INC.
 P.O. BOX 225
 NEWTON, KS 67114-0225
 (316) 283-6580 TOLL FREE 1-800-499-4540

INVOICE

Customer No. 30590
 Invoice Date 6/15/2011
 Invoice Number 38810 Page 1
 Job Id
 PO # / Lot # JP HUXMAN #9
 Credit Terms Net 30 Days

HESS OIL COMPANY
 2080 E KANSAS AVE
 P O BOX 1009
 MCPHERSON KS 67460

| Date | Ticket | Qty | Description | Price | Amount |
|----------|--------|---------|---|--------|----------|
| 06/14/11 | 505580 | 4.00 CY | OIL WELL GROUT-HESSTON | 175.00 | 700.00 * |
| 06/14/11 | 505580 | 1.00 EA | MIN LOAD CHG, < 4CY/HESSTON | 35.00 | 35.00 * |
| 06/14/11 | 505580 | 1.00 EA | FUEL SURCHARGE - HESSTON 26TH TO ARAPAHOE, 1W, 3/4 | 8.75 | 8.75 * |

Top Plus
OKTB
2087
 JUN 16 2011

| | | |
|---|---------------|--------|
| PYMTS DUE IN OFFICE BY LAST DAY OF MONTH FOLLOWING INVOICE DATE, OR SERVICE CHARGES ACCRUE. YOUR BUSINESS IS ALWAYS APPRECIATED! BOOKKEEPING (316) 283-6580 ASK FOR SHARON | Sub-Total | 743.75 |
| | Sales Tax- 43 | 54.29 |
| | Invoice Total | 798.04 |