

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

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		
				Spot Des	cription:		
Address 1:					Sec	Twp S. R	East West
Address 2:					Feet from	North / South	Line of Section
City:	State: _			Feet from East / West Line of Section			Line of Section
Contact Person:				Footages Calculated from Nearest 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	Storage Permit #:				vven #	
Is ACO-1 filed? Yes	No If not, is	well log attached? Yes	No			proved on:	
Producing Formation(s): List	All (If needed attach and	other sheet)				(KCC Distri	
Depth	to Top: E	Bottom: T.D		•			-
Depth	to Top: E	Bottom: T.D					
Depth		Bottom:T.D		Plugging	Completed:		
Show depth and thickness o	f all water, oil and gas f	ormations.					
Oil, Gas or Wate	er Records		Casing R	ecord (Sur	face, Conductor & Prod	luction)	
Formation	Content	Casing	Size		Setting Depth	Pulled Out	
		lugged, indicating where the mu er of same depth placed from (bo					
Plugging Contractor License #: Nam			_ Name: _				
Address 1:			_ Address	2:			
City:				State:		Zip:	_+
Phone: ()							
Name of Party Responsible	for Plugging Fees:						
State of	Cour	nty,		_ , SS.			
					nployee of Operator o	r Operator on above	-described well
	(Print Nam			_ <u> </u>	inhioyee of Operator o	Detator on above	-uescribed 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



CLARKE CORPORATION

107 W FOWLER; PO BOX 187 MEDICINE LODGE, KS 67104 Invoice # 171786

Phone # 620-886-5665 Fax # 620-886-9855

12/16/2011

CHESAPEAKE OPERATING, INC. P.O. BOX 548806 OKLA CITY, OK 73154-8806

			LUKE	NSAL-2	
Service Date	Ticket#	Description	Qty	Rate	Amount
11/16/2011	12498JB	UNIT @ \$109 00 (PLUGGING) - BLOW WELL DOWN, LAY DOWN REST OF CASING, RIG DOWN CASING TOOLS, RIG UP TUBING TOOLS, RUN TUBING TO PLUG SURFACE, GET SURFACE PLUGGED, RIG DOWN TUBING TOOLS, CLEAN UP LOCATION, RDMO FOREMAN & 2 EXTRA MEN			
11/16/2011		USAGE OF FUEL WHILE RUNNING RIG ON LOCATION			
11/17/2011	328	QUALITY WELL SERVICE (SEE ATTACHED INVOICE)		,	
	:				

Sales Tax (7.3%)

Total Due

Thank You!!

RECEIVED

DEC 192010

IMAGING (15)

Page 2



CLARKE CORPORATION

107 W FOWLER; PO BOX 187 MEDICINE LODGE, KS 67104

Invoice # 171786

Phone # 620-886-5665 Fax # 620-886-9855

12/16/2011

CHESAPEAKE OPERATING, INC. P.O. BOX 548806 OKLA CITY, OK 73154-8806

Service Date	Ticket#	Description	Qty	Rate	Amount
11/14/2011	12496JB	UNIT @ \$109.00 (PLUGGING) - MIRU, UNSEAT PUMP, PULL LAID DOWN RODS IN SINGLE, BREAK DOWN LEAD LINE, BLOW CASING DOWN, UNPACK WELL HEAD, RIG DOWN RODS TOOLS, RIG UP TO PULL TUBING, UNSEAT ANCHOR, PULL AND LAY DOWN TUBING, UNLOAD CASING TOOLS, RIG UP WIRELINE TO SET 2 PLUGS, SET 1ST AT 4750, SET 2ND AT 3950, RIG DOWN WIRELINE, BREAK CASING HEAD OFF WELL, DIG CELLAR, SHUT DOWN			
11/14/2011 11/14/2011 11/14/2011 11/15/2011	12497JB	FOREMAN & 2 EXTRA MEN POWER TONGS USAGE OF FUEL WHILE RUNNING RIG ON LOCATION UNIT @ \$109 00 (PLUGGING) - BLOW WELL DOWN, RIG UP DUMP BAILER TO DUMP 2SX CEMENT ON PLUG, RIG DOWN DUMP BAILER, LOAD CASING WITH SALT WATER, POUR ROPE SOCKET FOR CUT OFF TOOL, SET BOARDS AND JACKS, PULL SLIPS AND STRETCH ON PIPE, WE HAD 23" STRETCH, PICK UP CUT OFF TOOL CUT CASING OFF AT 2500', LAY DOWN 44 JOINTS OF CASING, SHUT DOWN			
11/15/2011 11/15/2011 11/15/2011 11/15/2011		FOREMAN & 2 EXTRA MEN PORTLAND CEMENT POWER CASING TONGS USAGE OF FUEL WHILE RUNNING RIG ON LOCATION	, i		

Sales Tax (7.3%)

Total Due

Thank You!!

QUALITY WELL SERVICE INC

324 SIMPSON PRATT KS 67124

Invoice

₹,

Project

Date	Invoice #
11/17/2011	, 328

Bill To	
CLARKE CORPORATION P O BOX 187 MEDICINE LODGE KS.67104	

				
Quantity	Description		Rate	Amount
48 19 135 5,400 1 40	COMMON POZ GEL HANDLING .08 * SACKS * MILES PLUG PUMP TRUCK MILEAGE DISCOUNT DISCOUNT EXPIRES AFTER 30 DAYS FROM THE LUKENS # 1-2 Sales Tax BARBER	, DATE OF THE INVOIC	PE .	
ank you for yo	ur business.		Total	

P.O. No.

Terms