



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

KANSAS CORPORATION COMMISSION 1070525  
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 33479  
LOCATION Eureka  
FOREMAN Rick Ledford

PO Box 884, Chanute, KS 66720  
820-431-9210 or 800-467-8676

**FIELD TICKET & TREATMENT REPORT**  
**CEMENT**

API# 15-131-20226

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
12/14/11	8800	Baumgardner 1-16	16	35	14E	Neosho
CUSTOMER			TRUCK #		DRIVER	
MAILING ADDRESS			TRUCK #		DRIVER	
CITY			TRUCK #		DRIVER	
STATE			TRUCK #		DRIVER	
ZIP CODE			TRUCK #		DRIVER	

JOB TYPE P.T.A 0 HOLE SIZE \_\_\_\_\_ HOLE DEPTH \_\_\_\_\_ CASING SIZE & WEIGHT \_\_\_\_\_  
 CASING DEPTH \_\_\_\_\_ DRILL PIPE \_\_\_\_\_ TUBING \_\_\_\_\_ OTHER \_\_\_\_\_  
 SLURRY WEIGHT 14# SLURRY VOL \_\_\_\_\_ WATER gal/sk 7.0 CEMENT LEFT in CASING \_\_\_\_\_  
 DISPLACEMENT \_\_\_\_\_ DISPLACEMENT PSI \_\_\_\_\_ MIX PSI \_\_\_\_\_ RATE \_\_\_\_\_

REMARKS: Safety meeting. Rig up to 4 1/2" drill pipe. Plugging rides as follows:  
15 sks @ 3474'  
15 sks @ 2793'  
15 sks @ 1576'  
100 sks @ 300' to surface  
145 sks total

Thank You

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
54050	1	PUMP CHARGE	975.00	975.00
5406	150	MILEAGE	4.00	600.00
5403	3474'	Casing footage	.21	729.54
1131	145 sks	60/40 Permex cement	11.95	1732.75
1132	500#	49# gal	.20	100.00
5407A	6.24	tan mileage bulk tire	1.26	1179.36
			Subtotal	5216.65
			7.3%	SALES TAX 133.79
			ESTIMATED TOTAL	5450.44

AUTHORIZATION \_\_\_\_\_ 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



**CONSOLIDATED**  
Oil Well Services, LLC



**ENTERED**

TICKET NUMBER 33385

LOCATION Eureka, KS

FOREMAN Shannon Feck

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

**FIELD TICKET & TREATMENT REPORT**

**CEMENT** API # 15-131-20226

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
12-2-11	8802	Baumgartner # 1-16	16	35	14E	Nebraska
CUSTOMER <u>Wolf Operating LLC</u>			Three Rivers			
MAILING ADDRESS <u>P.O. Box 3127</u>						
CITY <u>Fort Smith</u>	STATE <u>AR</u>	ZIP CODE <u>72913</u>	TRUCK # <u>520</u>	DRIVER <u>CLIFFS</u>	TRUCK #	DRIVER
			<u>479</u>	<u>Chris m.</u>		

JOB TYPE Surface  HOLE SIZE 12 1/4 HOLE DEPTH 378' CASING SIZE & WEIGHT 8 5/8"  
 CASING DEPTH 368' DRILL PIPE --- TUBING --- OTHER ---  
 SLURRY WEIGHT 14-15# SLURRY VOL 52 Bbl WATER gal/sk 6.5-7.0 CEMENT LEFT in CASING 20'  
 DISPLACEMENT 22 Bbl DISPLACEMENT PSI 100 MIX PSI 100 RATE 5 BPM

REMARKS: Rig up to 8 5/8" casing, Break circulation with 10 Bbl water, mixed 200 SKS Class "A" cement with 3% calcium, 2% gel & 1/4# Floceal/sk @ 14.5-15#/gal. Displace with 22 Bbl water & shut well in. Good circulation @ all times, 8 Bbl slurry to pit. Job Complete

Thanks Shannon & Crew

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
54015	1	PUMP CHARGE	775.00	775.00
5406	150	MILEAGE	4.00	600.00
11045	200 SKS	Class 'A' Cement	14.25	2850.00
1102	565 #	Calcium @ 3%	.70	395.50
118B	375 #	Gel @ 2%	.20	75.00
1107	50 #	Floceal @ 1/4 #/sk	2.22	111.00
5407A	9.4 Tons	Ton mileage bulk truck	1.26	1776.60
				6583.10
			7.3%	SALES TAX 250.50
				ESTIMATED TOTAL 6833.60

Ravin 3737

246349

AUTHORIZATION [Signature]

TITLE \_\_\_\_\_

DATE 12-2-11

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.