

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.	15									
				Spot De	scription:									
Address 1:					Sec 1	wp S. R	East West							
Address 2:			.		Feet from	North /	South Line of Section							
City:	State:		.											
Contact Person:				Footage	s Calculated from Near	est Outside Section	Corner:							
Phone: ( )					□ NE □ NW □	SE SW								
Type of Well: (Check one)	Oil Well Gas Well	OG D&A Catho	odic	Country										
Water Supply Well		SWD Permit #:		-										
ENHR Permit #:		Storage Permit #:			lame:									
s ACO-1 filed? Yes	No If not, is w	vell log attached? Yes			ell Completed: gging proposal was app									
Producing Formation(s): List	_				gging proposal was app									
Depth t	•	ttom: T.D												
Depth t	•	ttom: T.D		00 (	g Commenced:									
Depth t		ttom: T.D		Pluggino	g Completed:									
Show depth and thickness of	all water, oil and gas for	mations.												
Oil, Gas or Wate			Casing Re	cord (St	ırface, Conductor & Prod	uction)								
Formation	Content	Casing	Size		Setting Depth	Pulled Out								
Tomaton	Comon	Cushing	O.Z.O		County Doput	T dilod Out								
ement or other plugs were u	ised, state the character	of same depth placed from (b	ottom), to (to	ວ) for ea	ich plug set.									
Plugging Contractor License	#:		_ Name:											
Address 1:			_ Address 2:	:										
City:			;	State: _		Zip:	+							
Phone: ( )														
Name of Party Responsible for	or Plugging Fees:													
State of	County	/,		, SS.										
	. ,	,			mployee of Operator or	Operator of	boyo doscribad wall							
	(Print Name)			=	imployee of Operator of	Operator on a	above-described 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

CONSOLIDATED QUI Well Services, LLC

33187 7748 70,00 TICKET NUMBER LOCATION FOREMAN

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

FIELD TICKET & TREATMENT REPORT

CEMENT

TOWNSHIP RANGE COUNTY	TRUCK#	ANGUN SAR MISS	Bory M CM	CASING SIZE & WEIGHT		NT LEFT in C	RATE CONTROL	O' Mixed &p	+ toples off with		Libral 1	Daw//	1100	PRODUCT UNIT PRICE TOTAL	1030.00		2/3	08.08/	273.75	21.46	*							SALES TAX 33,53
WELL NAME & NUMBER SECTION	TRUCK#		21P CODE 370	HOLE DEPTH	TUBING 16' &		DISPLACEMENT PSI MIX PSI MIX PSI	Pulled 1 to	ace fulled "out	Ya (				DESCRIPTION of SERVICES or PRODUCT	PUMP CHARGE	MILEAGE	2	80 Vac.	50 150 000	100						1 10 R 11 W	) 100 hC	) 100) hC
DATE CUSTOMER#	MAILING ADDRESS	07 N 1	CITY STATE	10H 375	800		DISPLACEMENT DISPLACEMENT DISPLACEMENT DEMANDERS HOLD AND AND AND AND AND AND AND AND AND AN	145 69	rought to suft	05 SK 7079	765			ACCOUNT QUANITY or UNITS	5405V	70H	54074 MM.5	550dC	1124	2.3		6		,				

I acknowledge that the payment terms, unless specifically amended in writing on the front of the form of 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.