



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

KANSAS CORPORATION COMMISSION 1072617
OIL & GAS CONSERVATION DIVISION
WELL PLUGGING RECORD
 K.A.R. 82-3-117

Form CP-4
 March 2009
Type or Print on this Form
Form must be Signed
All blanks must be Filled

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 **30024**

LOCATION **Off-lease**

FOREMAN **Alan Maden**

FIELD TICKET & TREATMENT REPORT

CEMENT

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

DATE **1-16-12** CUSTOMER # **7823** WELL NAME & NUMBER **Meiners 6** SECTION **Wd 9** TOWNSHIP **24** RANGE **19** COUNTY **AK**

CUSTOMER **Town Oil**

MAILING ADDRESS **16205 W 287th**

CITY **Paola** STATE **KS** ZIP CODE **66021**

TRUCK #	DRIVER	TRUCK #	DRIVER
516	Alan M	516	Sutty meet
568	Alan M		
578	Ryan S		

JOB TYPE **plug 995** HOLE SIZE _____ HOLE DEPTH _____ CASING SIZE & WEIGHT **2 7/8**

CASING DEPTH _____ DRILL PIPE _____ TUBING _____ OTHER _____

SLURRY WEIGHT _____ SLURRY VOL _____ WATER gallsk _____ CEMENT LEFT IN CASING **yes**

DISPLACEMENT _____ DISPLACEMENT PSI _____ MIX PSI _____ RATE **4 bpm**

REMARKS: **Held well meet. Established rate. Mined & pumped 28 515 5050 cement plus get gel with 10 # cotton seed bulk well pressured up to 1200 PSI - Closed valve**

Town water, heater.

Alan Maden

ACCOUNT CODE	QUANTITY of UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5705A	1	PUMP CHARGE		475.00
5706		MILEAGE		
5707A	62.3	Ten miles		83.48
1124	28	5050 cem		306.60
1183B	1414	Get		29.61
1103	10	Cotton seed hull		4.40

AUTHORIZATION **Sally Town** TITLE _____

SALES TAX **25.72** ESTIMATED TOTAL **724.81**

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 fo