

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

10/2618

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 N	No. 15	
Name:				Description:	
Address 1:				Sec T	wp S. R East West
Address 2:				Feet from	North / South Line of Section
City:	State:	Zip:+		Feet from	East / West Line of Section
Contact Person:			Foota	ages Calculated from Near	est Outside Section Corner:
Phone: ()				NE NW	SE SW
Type of Well: (Check one)			ic Coun	nty:	
Water Supply Well	Other:	SWD Permit #:		•	Well #:
ENHR Permit #:	Gas Sto	orage Permit #:	Date	Well Completed:	
Is ACO-1 filed? Yes	No If not, is well	I log attached? Yes	1		roved on: (Date)
Producing Formation(s): List A		r sheet)	by:		(KCC District Agent's Name)
Depth to		m: T.D	l Plugo	ging Commenced:	
Depth to		m: T.D	Plugg	ging Completed:	
Depth to	o Top: Botto	m: T.D			
Show depth and thickness of		ations.			
Oil, Gas or Water				(Surface, Conductor & Produ	, ·
Formation	Content	Casing	Size	Setting Depth	Pulled Out
					_
cement or other plugs were us	. 00		•		ods used in introducing it into the hole. If
Plugging Contractor License #	# :		Name:		
Address 1:			Address 2:		
City:			State	:	Zip:+
Phone: ()					
Name of Party Responsible fo	or Plugging Fees:				
State of	County, _		, SS.		
	(Print Name)			Employee of Operator or	Operator on 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 Qil Well Services, LLC

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

3682 920 TICKET NUMBER LOCATION FOREMAN

FIELD TICKET & TREATMENT REPORT

CEMENT

COUNTY	77		NRIVER	Marst				\ <u>\</u>		SO		Jan Des	Tools .		
RANGE	0	7 7	TRUCK#	Satot	No.	88		EIGHT 2	OTHER	د		4 7	H	5000	
TOWNSHIP	921	8 (DRIVER	Man M.	Arles W	Ryans		CASING SIZE & WEIGHT 3 2		CEMENT LEFT IN CASING	RATE 4/6	1.11	101 12	37 C/X	
SECTION	6 (11/1		TRUCK#	516	368	225	•			ا ا		ed or ha	1000	1200 11	
WELL NAME & NUMBER	Meiwer)		7	1	STATE ZIP CODE	KS 600/1	HOLE SIZE HOLE DEPTH	DRILL PIPE TUBING	SLURRY VOL. WATER gal/sk	DISPLACEMENT PSI MIX PSI	w mest fish lighe	owner Das 69	1288 word 100 to	
CUSTOMER#	7823) , , ,	011	: 88:	12 g8			40	675			eld prou	K 50 150	119/11	/
DATE	1-11-12	CUSTOMER	108z	MAILING ADDRESS	6205	STIS STIS	Fa019	JOB TYPE DI	CASING DEPTH	SLURRY WEIGHT	DISPLACEMENT	REMARKS: 🎢	38 51	h.4/6.	

 Mrs. M. May	RODUCT UNIT PRICE TOTAL	475.0		83.40		30/ 1/05	17.60	04.17						SALES TAX 3,572	ESTIMATED AND 21
	DESCRIPTION of SERVICES or PRODUCT	PUMP CHARGE 5 14 41 8 11	MILEAGE	ton miles		50130 (Ann	800	cotton seed hulls				0)))			
	QUANITY or UNITS	U		625		98	141	10#							20
	ACCOUNT CODE	54054	5,406	5407A		1,34	1183	103		1					Havin 3/3/

l 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

AUTHORIZTION 🖊