

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

1074183

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	5		
Name:				Spot Desc	ription:		
Address 1:					Sec 7	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:				Footages	Calculated from Near	est Outside Se	ection Corner:
Phone: ()					NE NW	SE	SW
Type of Well: (Check one)	Oil Well Gas Well	OG D&A Cathodi	ic	County:			
Water Supply Well	Other:	SWD Permit #:		-			Well #:
ENHR Permit #:	Gas Sto	rage Permit #:					vveii #
Is ACO-1 filed? Yes	No If not, is well	l log attached? Yes	No				(Date)
Producing Formation(s): List A	All (If needed attach another	sheet)					(KCC District Agent's Name)
Depth to	o Top: Botto	m: T.D		•			
Depth to	o Top: Botto	m: T.D					
Depth to	o Top: Botto	m:T.D		Plugging C	completea:		
Show depth and thickness of	all water, oil and gas forma	ations.					
Oil, Gas or Water	r Records		Casing I	Record (Surfa	ace, Conductor & Prod	uction)	
Formation	Content	Casing	Size		Setting Depth	Pulled Out	t
cement or other plugs were u	sed, state the character of	same depth placed from (bot	ttom), to (top) for each	n 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.			
	,				ployee of Operator or	05	or on above-described well,
	(Print Name)			_ <u></u> Em	pioyee of Operator of	Operato	n 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
OILWell Services, LLC

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

TICKET NUMBER
LOCATION OHAWA
FOREMAN CASEY

36944

FIELD TICKET & TREATMENT REPORT

CEMENT

Surface, DRIVER COUNT DQ Mixeo sk ceinent CEMENT LEFT IN CASING 1 9 TRUCK# RANGE Y 3 # g Ν CASING SIZE & WEIGHT_ OTHER Dec TOWNSHIP DRIVER RATE S tar 350 cemen 0 180 SECTION 370 (A) 493 3 excelotio 南南 could WATER gal/sk HOLE DEPTH ROTE MIX PSI TUBING WELL NAME & NUMBER つきなべ ished 5 14099 ZIP CODE 3 છ DISPLACEMENT PSI Ħ tar C SLURRY VOL 5000 DRILL PIPE HOLE SIZE 去 STATE ompaul 287th 3 CUSTOMER# 7823 1000) **\$** Ž, 0,10 MAILING ADDRESS JOB TYPE 0100 held CASING DEPTH SLURRY WEIGHT DISPLACEMENT 16 205 1000 ~ OMER Tack REMARKS: DATE Domobeo

ACCOUNT	QUANITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
SHOSN	/	PUMP CHARGE P+A NEW Well		1030°
10/h	SO M.	MILEAGE DUMA FROCK		80,08
£0h2	minimum	ton milease		350.0
Ssasc	245	80 Uad		1,80.0
1/3/	1/4 sles	60/40 Posmix couldn't		1430.70
111813	# StS	Hewinn Gal		130.75
		1 11,		
		-		
		7,3%		113,23
Ravin 3737	La A C	(ESTIMATED TOTAL	<u> </u>
AUTHORIZTION	A 25 12	GOT 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