

**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

## 1075805

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.	API No. 15					
Name:				Spot Description:					
Address 1:				Sec	Twp 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:			Footage	s Calculated from Near	rest Outside Section 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 #:		Lease Name: Well #:					
ENHR Permit #:	Gas Sto	orage Permit #:							
s ACO-1 filed? Yes	No If not, is we	Il log attached? Yes		The plugging proposal was approved on: (Date)					
Producing Formation(s): List	t All (If needed attach anothe	r sheet)	by:	by: (KCC <b>District</b> Agent's Name)					
Depth	to Top: Botto	om: T.D							
Depth	to Top: Botto	om: T.D		Plugging Commenced:  Plugging Completed:					
Depth	to Top: Botto	om:T.D		Completed.					
Show depth and thickness o	of all water, oil and gas form	ations.							
Oil, Gas or Wat	er Records		Casing Record (Su	sing Record (Surface, Conductor & Production)					
Formation	Content	Casing	Size	Setting Depth	Pulled Out				
ement or other plugs were	used, state the character of	f same depth placed from (bot	ttorn), to (top) for ea	cn plug set.					
				ne:					
Address 1:			Address 2:						
City:			State:						
Phone: ( )									
Name of Party Responsible	for Plugging Fees:								
State of	County,		, SS.						
			F	mplovee of Operator or	Operator on above-described well,				
	(Print Name)				operate. on above accombod 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 OIL Well Services, LLC

CKE & TREA

LOCATION Ockloy Ks

FOREMAN 13 H Ducket

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

FIELD TICKET & TREATMENT REPORT

	000-407-0070		CEMEN	T			•
DATE	CUSTOMER#	WELL NAME &	NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
2-29-12		Hemmert	25-5 #/	25	113	254	Trego
CUSTOMER	ه. المراد	nary, The	Wakeeny				
AAILING ADDRE	SS	nergy Line	25		DRIVER	TRUCK#	DRIVER
		·		463	Josh Ger		
YTK	·	STATE ZIP CODI	2 2N	_566	Cary D.	. U.F. &	
•		STATE ZIP CODI	£15		, ,	[0, 5	
	P== 1/1						
ов түре 🏳		HOLE SIZE 77/8	HOLE DEPTH		CASING SIZE & V	VEIGHT	
ASING DEPTH_		DRILL PIPE 4/2 XH	TUBING			OTHER	
LURRY WEIGHT	_	SLURRY VOL	WATER gal/sl	<u> </u>	CEMENT LEFT In	CASING	
ISPLACEMENT		DISPLACEMENT PSI	MIX PSI		RATE		
REMARKS: <	Screty M.	ecting, rigup	m 1.1 41	2 72/11	ar solar		
		21-1-1			Sto Cirtuar	ecy	·
25-	5Ks 2 40	201					
		60'	730 W.	60/11	110/11/	/ they	
	5Ks 27 9.	<del>-</del>	230 sks	140 pay	4 70 Cal 1	# Fles	<u>a</u>
•		20'					
X -	SKS0 40						
30	3Ks in R.H					rapeo	
2130	W				- Chay	k. You	
ACCOUNT					Walt	4-crew	
CODE	QUANITY o	or UNITS	DESCRIPTION of	SERVICES or PRO	DDUCT	UNIT PRICE	TOTAL
5405N		PUMP CHA	ARGE		,	1,3250	1.325-00
5406	40	MILEAGE				5.00	20000
1131	230	5Ks 60/40	A			1510	
111813	792	# Gel	Trest.				347300
1107			a. 1			125	19800
5407A	9.5		Sea!			282	163 56
44.32	110	lon	Wileago "	Delivery		187	64080
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orat		^	<del>-</del>			ESTIMATED	W7070/
THORIZTION -	1200		7		,	TOTÁL	13/27.00
HUKIZIIUN			TITLE		п	ATE	

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.