



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

KANSAS CORPORATION COMMISSION 1085426
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 #: _____
 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

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

**FIELD TICKET & TREATMENT REPORT
CEMENT**

TICKET NUMBER 39747
LOCATION Chanute, KS
FOREMAN Casey Kennedy

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
5/4/12	4448	Knabe M # Plug Old #1	NE 15	14	21	JO
CUSTOMER KRED - Kansas Resources						
MAILING ADDRESS 9393 W. 110th St., Suite 500						
CITY Overland Park	STATE KS	ZIP CODE 66210				
			TRUCK #	DRIVER	TRUCK #	DRIVER
			481	Casken		
			1616	Gar Moo		
			1675	Kei Det		
			558	Rya Sin		

JOB TYPE plug HOLE SIZE 10" HOLE DEPTH 650' CASING SIZE & WEIGHT _____
 CASING DEPTH _____ DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING _____
 DISPLACEMENT _____ DISPLACEMENT PSI _____ MIX PSI _____ RATE _____

REMARKS: held safety meeting, washed down 1" tubing to 650', mixed + pumped 151
sk 50/50 Pozmix cement w/ 16% gel per sk, cement to 100' from surface,
washed up equipment + tubing.

(Handwritten signature)

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5405N	1	PUMP CHARGE P+4 New well		1030.00
5406	30 mi	MILEAGE		120.00
5407	minimum	ton mileage		350.00
5502C	9.5 hrs	80 Vac		855.00
5404	7 hrs	Stand-by time		588.00
1124	151 sks	50/50 Pozmix cement		11053.45
1118B	761 #	Premium Gel		159.81
			7.525%	SALES TAX 136.45
				ESTIMATED TOTAL 4892.71

completed

AUTHORIZATION Tracy was there

249599
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.



CONSOLIDATED
Oil Well Services, LLC

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

TICKET NUMBER 39750

LOCATION Ottawa, KS

FOREMAN Casey Kennedy

FIELD TICKET & TREATMENT REPORT
CEMENT

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
5/8/12	4448	Knabe M-Plug old well #1	NE 15	14	22	JO
CUSTOMER Kansas Resources ^{Exp} Development						
MAILING ADDRESS 9393 W. 110th St, Suite 500						
CITY Overland Park		STATE KS	ZIP CODE 66210			
		TRUCK #	DRIVER	TRUCK #	DRIVER	
		481	Casey	CK		
		6666	Gar Moo	GM		
		675	Kei Det	KD		
		558	Kei Car	KC		

JOB TYPE plug HOLE SIZE _____ HOLE DEPTH _____ CASING SIZE & WEIGHT 7"
 CASING DEPTH 25' DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING full
 DISPLACEMENT _____ DISPLACEMENT PSI _____ MIX PSI _____ RATE 2 bpm

REMARKS: held safety meeting, established circulation through 1" tubing, mixed & pumped 29 sks cement, cement to surface, pulled 1" from well.

[Handwritten signature]

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5405N	1	PUMP CHARGE P+4 new well		1030.00
5406	30 mi	MILEAGE		120.00
5407	minimum	ton mileage		350.00
5502C	1.5 hrs	80 Vac		135.00
1124	29 sks	50/50 Pozmix cement		317.55
1118B	146 #	Premium Gel		30.66
			7.525%	SALES TAX
				ESTIMATED TOTAL
				26.21
				2009.42

Completed

Ravin 8737 AUTHORIZATION No Co. Rep. on location TITLE 249676 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.