



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

KANSAS CORPORATION COMMISSION 1085847
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

SCANNED

TICKET NUMBER 39866

LOCATION Oklahoma KS

FOREMAN Fred Maden

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

FIELD TICKET & TREATMENT REPORT
CEMENT

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
6/7/12 6/7/12	1028	Rolf, J&P # A.1	SW 21	22	17	CF

CUSTOMER	TRUCK #	DRIVER	TRUCK #	DRIVER
Colt Energy	506	FREMAD	Safety	WJ
	495	HARBEC	H+B	J
	369	DERMAS	DM	
	558	RYASIN	RS	

MAILING ADDRESS	CITY	STATE	ZIP CODE
1812 Rhode Island Rd	Jola	KS	66749

JOB TYPE Plug HOLE SIZE 6 3/4 HOLE DEPTH 1363 CASING SIZE & WEIGHT N/A
 CASING DEPTH _____ DRILL PIPE _____ TUBING - 2 3/8" OTHER _____
 SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING Full
 DISPLACEMENT _____ DISPLACEMENT PSI _____ MIX PSI _____ RATE 5 BPM

REMARKS: Rip Run 2 3/8" Tubing - Wash down last 2 hrs. Gel hole w/ 12 sks (600#) Premium Gel. Stand by during Cornish wireline logging operations. Mix Pump 10 sks Cement. Spot @ TD. Pull Tubing to 920' Spot 10 sks (600#) cement pull tubing to 250' Fill to surface w/ cement. Pull remaining Tubing. Top off well. Wash out Tubing.

Note: Customer Supplied 600# Gel. Total - 75 sks 50/50 Poz Mix 6% Gel.

Thornton Drilling

Fred Maden

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5405N	1	PUMP CHARGE Plug to Abandon.	495	1030 ⁰⁰
5406	50 mi	MILEAGE	495	200 ⁰⁰
5407	Minimum	Ten Miles	558	350 ⁰⁰
5502C	3 hrs	80 ABC Vac Truck.	369	270 ⁰⁰
5404	1 hr each -	Stand by Time (3 men)		N/C
1124	75 sks	50/50 Poz Mix Cement		821 ²⁵
118B	378 #	Premium Gel		79 ³⁸
			6.3%	SALES TAX 56 ²⁴
				ESTIMATED TOTAL 2807 ³⁷

Completed

AUTHORIZATION [Signature] TITLE _____ DATE 6/7/2012

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.