



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

KANSAS CORPORATION COMMISSION 1086902
 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

TICKET NUMBER 33973

LOCATION Oakley

FOREMAN Fuzz

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
6-14-12	2721	Marion Brann #6	22	13	18	Ellis
CUSTOMER Empire Energy			TRUCK #			
MAILING ADDRESS P.O. Box 187			DRIVER			
CITY Plainville			TRUCK #			
STATE KS			DRIVER			
ZIP CODE 67663			TRUCK #			
			DRIVER			

JOB TYPE AWP HOLE SIZE _____ HOLE DEPTH _____ CASING SIZE & WEIGHT 5 1/2
 CASING DEPTH _____ DRILL PIPE _____ TUBING 2 7/8 OTHER PERFS - 3268
 SLURRY WEIGHT 14.1 SLURRY VOL 1.40 WATER gal/sk _____ CEMENT LEFT in CASING retainer - 1643
 DISPLACEMENT _____ DISPLACEMENT PSI _____ MIX PSI _____ RATE _____

REMARKS: Safety meeting on Renegade workover. Rig up load hole
then retainer with 105AL inj rate 455 @ 400#. Mix 250SKS
60/40 49 gel w/ vacuum wait 1hr. Pump 30SKS press to 300#
Pull out of retainer Pump 150SKS circ to surface. POOH. Top off
with 25SKS. (with 150# hulls)

Total 455SKS 60/40 pos 49 gel, 150# hulls

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5405A	1	PUMP CHARGE	835.00	835.00
5406	26	MILEAGE	5.00	130.00
5407	19.7 ton	Tow mileage Delivery	1.67	855.40
1131	45.5 SKS	60/40 pos	15.10	6870.50
118B	1565 #	Bentonite	.25	391.25
1105	150 #	Cottonseed hulls	.55	82.50
		subtotal		9164.65
		less 10%		916.47
		subtotal		8248.18

COMPLETED

Ravin 3737

AUTHORIZATION Randy Weir TITLE 250583 DATE _____
 SALES TAX 416.42
 ESTIMATED TOTAL 8664.60

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.