

**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

1090443

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	cription:				
Address 1:			-	<u>.</u>	Sec Tw	vp S. R East West			
Address 2: State: Zip: +				Feet from North / South Line of Section					
									Contact Person:
Phone: ( )					NE NW	SE SW			
Type of Well: (Check one)  Water Supply Well  ENHR Permit #:  Is ACO-1 filed?  Yes  Producing Formation(s): List A	Other: Gas Sto No If not, is well	SWD Permit #: rage Permit #: log attached? Yes	[ [	Lease Name Date Well The plugg	me: Completed: ing proposal was appro	Well #: (Date) (KCC <b>District</b> Agent's Name)			
Depth to	Top: Botto	m: T.D		00 0					
Depth to	Top: Botto	m:T.D		Plugging (	Completed:				
Show depth and thickness of	all water, oil and gas forma	ations.							
Oil, Gas or Water	Records		Casing Red	cord (Surfa	ace, Conductor & Produc	etion)			
Formation	Content	Casing	Size		Setting Depth	Pulled Out			
Describe in detail the manner cement or other plugs were us						ds used in introducing it into the hole. If			
Plugging Contractor License #	<i>‡</i> :		Name:						
Address 1:			Address 2:						
City:			§	State:		Zip: +			
Phone: ( )									
Name of Party Responsible fo	r Plugging Fees:								
State of	County, _			, ss.					
	(5)			Em	ployee of Operator or	Operator 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

# ONSOLIDATED Oil Well Services, LLC

#### **REMIT TO**

Consolidated Oil Well Services, LLC Dept. 970 P.O. Box 4346 Houston, TX 77210-4346

MAIN OFFICE

P.O. Box 884 Chanute, KS 66720 620/431-9210 • 1-800/467-8676 Fax 620/431-0012

Invoice # 252041 INVOICE \_\_\_\_\_\_ 08/14/2012 Page Terms: Invoice Date:

TRIMBLE & MACLASKEY OIL LLC BOX 171 66852 GRIDLEY KS )

ENO #1-A 37829 08-13-12 KS

Qty Unit Price Total Description Part Number CLASS "A" CEMENT (SALE) 30.00 14.9500 448.50 1104S CALCIUM CHLORIDE (50#) 55.00 .7400 40.70 1102 38.70 1,2900 30.00 PHENOSEAL (M) 40# BAG) 1107A 200.00 .2100 42.00 PREMIUM GEL / BENTONITE 1118B Hours Unit Price Total Description 200.00 1400.00 MISC. PUMP (CEMENT TRUCK) MIT WASH 7.00 445 240.00 60.00 4.00 445 EOUIPMENT MILEAGE (ONE WAY) 350.00 1.00 350.00 MIN. BULK DELIVERY 611

\_\_\_\_\_\_ 41.61 AR 2601.51 .00 Tax: Parts: 569.90 Freight:

.00 Total: .00 Misc: Labor: .00 Change: .00 Supplies: Sublt:

.00 \_\_\_\_\_\_

Signed

2601.51

Date





TICKET NUMBER	37829
LOCATION EUREKA	
FOREMAN RICK LOS	And

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

### FIELD TICKET & TREATMENT REPORT **CEMENT**

DATE	CUSTOMER#	WELL NAME & NUMBER		SECTION	TOWN	SHIP	RANGE	COUNTY	
8-13-12	7842	ENO	# 1-A			1			Chase
CUSTOMER	_	<del></del>			1 1921 702 1874 2 102 1871		a se Takansasa		
100	able MC	laskey			TRUCK#	DRIV	ER	TRUCK#	DRIVER
MAILING ADDRE	SS	,			445	Oave	8/		
P.0	. Box 171				(4)	Joer	19		
CITY		STATE	ZIP CODE						
Gria	1)ey	KS	46852	] [	443	Om s.	8/13		
JOB TYPE	<u>sc. 0</u>	HOLE SIZE	******	HOLE DEPTH		CASING S	IZE & W	EIGHT	
		DRILL PIPE	TUBING		OTHER				
SLURRY WEIGH	Τ	SLURRY VOL_		WATER gal/sk		CEMENT	LEFT in	CASING	
DISPLACEMENT DISPLACEMENT PSI		MIX PSI							
REMARKS: 8	-9-12 Rig	w to 2%	" Elbing @	2280' M	fixed 4 SKS	gel-fl	sh :	30 SES TOR	dec
Cement	4 270 Cau	2 -1 # phen	oscallen @	14 ª /ge).	Ossolace A	18 BJ	fesh	wester She	+ down
OUL Subje	g out. Job	complete. R	13 deun.						•
	,			-					
8-13-12	Check fi	1100 4/4	welne ta	and coment	a Ildele'	Ria w	4 4	1911 CASIOR	L/ Wireling
+ flags.	Flagged h	مامال في ماء	' + 477'	Job com	plet. Rigo	laws:			L/ WIRELING
	***		ThA	nk Yar"					

ACCOUNT CODE	QUANITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5609	7 hrs	PUMP CHARGE for both days	200.00	1400.00
5406	30 miles x 2	MILEAGE for both days	4.00	240.00
11043	ديد 30	class A count	14.95	448.50
1/02	55 <sup>th</sup>	2% cace 2	.74	40.70
11071	30.4	1 phenoson /st	1.29	38.70
5407	1.41	too mileage bulk trk	m/s	350.00
11186	200 *	g 1-flush	. 21	42.00
				0.00
			SALES TAX	2559.90 41.6
vin 3737	mayle 4 Mb	050041	ESTIMATED TOTAL	0601.C

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.



#### **REMIT TO**

Consolidated Oil Well Services, LLC Dept. 970 P.O. Box 4346 Houston, TX 77210-4346 MAIN OFFICE
P.O. Box 884
Chanute, KS 66720
620/431-9210 • 1-800/467-8676
Fax 620/431-0012

INVOICE # 252053

Invoice Date: 08/15/2012 Terms: Page 1

TRIMBLE & MACLASKEY OIL LLC

BOX 171

GRIDLEY KS 66852

( ) -

`

ENO 1-A 37793 25-21S-9E 08-14-12

\_\_\_\_\_

Part Number	Description	Qty	Unit Price	Total
1131	60/40 POZ MIX	182.00	12.5500	2284.10
1118B	PREMIUM GEL / BENTONITE	626.00	.2100	131.46
Description 485 P & A OLD WELL 485 EQUIPMENT MILE 611 MIN. BULK DELI	AGE (ONE WAY)	Hours 1.00 30.00 1.00	Unit Price 695.00 4.00 350.00	Total 695.00 120.00 350.00

Parts: 2415.56 Freight: .00 Tax: 176.34 AR 3756.90

Labor: .00 Misc: .00 Total: 3756.90 Sublt: .00 Supplies: .00 Change: .00

\_\_\_\_\_

Signed\_\_\_\_\_ Date\_\_\_\_





37793 **TICKET NUMBER** LOCATION Eureky

FOREMAN STEUR MEAN

PO Box 884. Chanute, KS 66720

## FIELD TICKET & TREATMENT DEPORT

	or 800-467-867	<b>'</b> 6	CEM		Oiti				
DATE	CUSTOMER#	1	IE & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY		
CUSTOMER	14-12 7842 Eno 1-A			25	215	96	Chase		
Trimble	& Mach	sker oil		TOUGH!					
MAILING ADDR	RESS	SARY OF	<del></del> .	TRUCK#	DRIVER	TRUCK#	DRIVER		
Pa	BOX 171			485	Alan M.				
CITY	2302 111	STATE ZIP (	CODE	611	Jaex				
Go dlay	•								
JOB TYPE P	TA O	HOLE SIZE	857	<u> </u>	<u> </u>	L	_ <u> </u>		
CASING DEPTH	1	HOLE SIZE DRILL PIPE	HOLE DEI	PTH	CASING SIZE &	SIZE & WEIGHT 4/2			
SLURRY WFIG	чт	SI LIBBY VOI	IUBING_	279	<del></del>	OTHER			
DISPLACEMEN	т	DISPLACEMENT DOL	WATER gal/sk CEMENT LEFT  NT PSI MIX PSI RATE						
DEMARKS: -	·	DISPLACEMENT PSI_	MIX PSI		RATE				
TEMPARAS.	atty Meet	ng Plug	Well As	Fullow					
		205/6	S AT 16	60'	· · · · · · · · · · · · · · · · · · ·				
			5 500 70						
		7 8 7 3	ts 60/40 p	rezmin Ceme	15 4%	ie/			
		716	15 0: 1						
		JOSCOM	pleio Risd	own					
			Thonky	er U					
40001417									
ACCOUNT CODE	QUANITY	UANITY or UNITS DE		SCRIPTION of SERVICES or PRODUCT			TOTAL		
SHOSA		PUMP	CHARGE			19600	695.00		
5406	406 30		GE		120.00				
						7,00			
1131	182 sk	5 60	140 pozmi	x Comest		12 56	228410		
11183	626#	G	el 4%			.21			
						-21	131.46		
1407	7.83	10	n Mileage	Bulk True	k	MC	35000		
							37000		
		<del></del>							
<del></del>									

**AUTHORIZTION\_** 

Ravin 3737

ESTIMATED **TOTAL** 

Sub Total

SALES TAX

232

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.

TITLE