

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

Kansas Corporation Commission OIL & GAS CONSERVATION DIVISION

WELL PLUGGING RECORD

Form CP-4 March 2009 Type or Print on this Form Form must be Signed All blanks must be Filled

API No. 15 - _____ OPERATOR: License #: Spot Description: _-__- Sec. ___ Twp. ___ S. R. ___ East West Address 1: ___ Feet from North / South Line of Section Address 2: ___ _____ Feet from East / West Line of Section Contact Person: ____ Footages Calculated from Nearest Outside Section Corner: Phone: (_____) _____ NE NW SE SW Type of Well: (Check one) Oil Well Gas Well OG D&A Cathodic County: ____ Water Supply Well Other: SWD Permit #:_ Lease Name: ______ Well #:_____ ENHR Permit #: _____ Gas Storage Permit #: ____ Date Well Completed: ___ Is ACO-1 filed? Yes No If not, is well log attached? Yes No The plugging proposal was approved on: ____ Producing Formation(s): List All (If needed attach another sheet) _____(KCC **District** Agent's Name) _____ Depth to Top: _____ Bottom: _____ T.D. ___ Plugging Commenced:_____ ___ T.D. ___ _ Depth to Top: ___ Bottom: Plugging Completed:_____ ______ Depth to Top: ______ Bottom: _____ T.D. _____ Show depth and thickness of all water, oil and gas formations. Oil, Gas or Water Records Casing Record (Surface, Conductor & Production) Size Formation Content Casing 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.

_____ Name: ___ Plugging Contractor License #: ___ Name of Party Responsible for Plugging Fees: ____ _____ County, ______ , ss. Employee of Operator or Operator on above-described well,

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.

(Print Name)



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 Invoice # 253152

Invoice Date: 09/25/2012 Terms: Page 1

TRIMBLE & MACLASKEY OIL LLC BOX 171

GRIDLEY KS 66852

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SHRIMPLIN #3 35490 21-23S-14E 09-21-12 KS

 Part Number
 Description
 Qty Unit Price
 Total

 1131
 60/40 POZ MIX
 130.00
 12.5500
 1631.50

 1118B
 PREMIUM GEL / BENTONITE
 450.00
 .2100
 94.50

Hours Unit Price Total Description 479 MIN. BULK DELIVERY 1.00 350.00 350.00 485 P & A OLD WELL 1.00 695.00 695.00 40.00 4.00 160.00 485 EQUIPMENT MILEAGE (ONE WAY)

Parts: 1726.00 Freight: .00 Tax: 126.00 AR 3057.00

Labor: .00 Misc: .00 Total: 3057.00 Sublt: .00 Supplies: .00 Change: .00

Signed______Date____





35490 TICKET NUMBER LOCATION Euneka FOREMAN Steve Mead

DATE_

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

AUTHORIZTION

FIELD TICKET & TREATMENT REPORT

DATE		-		CEME	IN I			
DATE	CUSTOMER#		L NAME & N	UMBER	SECTION	TOWNSHIP	RANGE	COUNTY
GUSTOMER	7842	Shrimp	lin #	?	21	235	146	Woodson
_	a Maclacka	_			TOUGK #	T T		
MAILING ADD	9 Maclaske	Y UI I		_	TRUCK#	DRIVER	TRUCK#	DRIVER
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CITY		STATE	ZIP CODE		479	merle		
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JOB TYPE_P		HOLE SIZE	1603C	 HOLE DEP1		010000		
CASING DEPT	н	DRILL PIPE_		TUBING	. n	CASING SIZE &		<u> </u>
SLURRY WEIG	SHT	SLURRY VOL		_	/sk	CEMENT LEFT I	OTHER	
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ACCOUNT	QUANITY	or UNITS	Г	FSCRIPTION A	f SEDVICES or DD	ODUCT		T
CODE	,		DESCRIPTION of SERVICES or PRODUCT			ODUC1	UNIT PRICE	TOTAL
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2706	40		MILEAGE				4.00	160.00
140.	10.00				·			
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						7.3%	SALES TAX	293/00
3737	~	1 11		8531	62	C 'O	ESTIMATED	126.00
	1 Stuo	Herling		U) 0			TOTAL	3057.00

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