



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

KANSAS CORPORATION COMMISSION 1097472
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

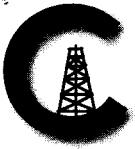
Describe in detail the manner in which the well is plugged, indicating where the mud fluid was placed and the method or methods used in introducing it into the hole. If cement or other plugs were used, state the character of same depth placed from (bottom), to (top) for each plug set.

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

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 # 253150

Invoice Date: 09/25/2012 Terms:

Page 1

TRIMBLE & MACLASKEY OIL LLC
BOX 171
GRIDLEY KS 66852
() -



OTTO B-7
35270
09-20-12
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
2101A	20-40 BROWN SAND	500.00	.2600	130.00
Description		Hours	Unit Price	Total
479	MIN. BULK DELIVERY	1.00	350.00	350.00
485	P & A OLD WELL	1.00	695.00	695.00
485	EQUIPMENT MILEAGE (ONE WAY)	40.00	4.00	160.00

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Parts: 1856.00 Freight: .00 Tax: 126.00 AR 3187.00
Labor: .00 Misc: .00 Total: 3187.00
Sublt: .00 Supplies: .00 Change: .00
=====

Signed _____

Date _____

BARTLESVILLE, OK
918/338-0808

EL DORADO, KS
316/322-7022

EUREKA, KS
620/583-7664

PONCA CITY, OK
580/762-2303

OAKLEY, KS
785/672-2227

OTTAWA, KS
785/242-4044

THAYER, KS
620/839-5269

GILLETTE, WY
307/686-4914



CONSOLIDATED
Oil Well Services, LLC

ENTERED

TICKET NUMBER 35270

LOCATION Eureka

FOREMAN Stew Mead

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
9-20-12	7842	OTT #15 #7				Crawford
CUSTOMER <u>Trimble & McCluskey Oil</u>						
MAILING ADDRESS <u>P.O. Box 171</u>						
CITY <u>Gridley</u>		STATE <u>KS</u>	ZIP CODE <u>66852</u>			
JOB TYPE <u>PTA</u>		HOLE SIZE	HOLE DEPTH	CASING SIZE & WEIGHT <u>3 1/2"</u>		
CASING DEPTH		DRILL PIPE	TUBING <u>1"</u>	OTHER		
SLURRY WEIGHT		SLURRY VOL	WATER gal/sk	CEMENT LEFT IN CASING		
DISPLACEMENT		DISPLACEMENT PSI	MIX PSI	RATE		

TRUCK #	DRIVER	TRUCK #	DRIVER
<u>485</u>	<u>Alan M</u>		
<u>479</u>	<u>Merle</u>		

REMARKS: Safety Meeting. Rig up to 1" Tubing. Break Circulation w/ Fresh water. Pump 50 sks plug at 1710'. Pull 1" Tubing up to 850'. Pump 40 sks cement plug 850'. Pull 1" up to 500'. 40 sks cement plug 500' to surface. Pull out 1" Tubing. Tap well off. Total 130 sks 60/40 permix w/ 4% Gel. Job complete. Rig down.

Thank you

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
<u>5405A</u>	<u>1</u>	<u>PUMP CHARGE</u>	<u>695.00</u>	<u>695.00</u>
<u>5406</u>	<u>40</u>	<u>MILEAGE</u>	<u>4.00</u>	<u>160.00</u>
<u>1181</u>	<u>130 sks</u>	<u>60/40 Perm Mix Cement</u>	<u>12.55</u>	<u>1631.50</u>
<u>1118B</u>	<u>450 #</u>	<u>Gel 4%</u>	<u>.21</u>	<u>94.50</u>
<u>5407</u>	<u>5.59</u>	<u>Tan mileage bulk Truck</u>	<u>MIC</u>	<u>350.00</u>
<u>2101A</u>	<u>500 #</u>	<u>(20/40 frac sand) Johnson B #6</u>	<u>.26</u>	<u>130.00</u>
			<u>SubTotal</u>	<u>3061.00</u>
			<u>SALES TAX 2.3%</u>	<u>126.00</u>
			<u>ESTIMATED TOTAL</u>	<u>3187.00</u>

Ravin 3737

AUTHORIZATION [Signature]

853150

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.