



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

KANSAS CORPORATION COMMISSION 1102657
OIL & GAS CONSERVATION DIVISION

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 #: _____
 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 # 252787

Invoice Date: 09/11/2012 Terms:

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



ROSSILLION #12
37912
25-21S-10E
09-07-12
KS

Part Number	Description	Qty	Unit Price	Total
1131	60/40 POZ MIX	105.00	12.5500	1317.75
1118B	PREMIUM GEL / BENTONITE	360.00	.2100	75.60

Description	Hours	Unit Price	Total
485 P & A NEW WELL	1.00	1030.00	1030.00
485 EQUIPMENT MILEAGE (ONE WAY)	30.00	4.00	120.00
515 MIN. BULK DELIVERY	1.00	350.00	350.00

Parts:	1393.35	Freight:	.00	Tax:	101.72	AR	2995.07
Labor:	.00	Misc:	.00	Total:	2995.07		
Sublt:	.00	Supplies:	.00	Change:	.00		

Signed _____

Date _____

BARTLESVILLE, OK
918/338-0808

EL DORADO, KS
316/322-7022

EUREKA, KS
620/583-7664

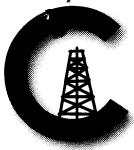
PONCA CITY, OK
580/762-2303

OAKLEY, KS
785/672-2227

OTTAWA, KS
785/242-4044

THAYER, KS
620/839-5269

GILLETTE, WY
307/686-4914



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INVOICE

Invoice # 252729

Invoice Date: 09/11/2012 Terms:

Page 1

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

ROSSILLION #12
37887
25-21S-10E
09-04-12
KS

Part Number	Description	Qty	Unit Price	Total
1104S	CLASS "A" CEMENT (SALE)	90.00	14.9500	1345.50
1102	CALCIUM CHLORIDE (50#)	255.00	.7400	188.70
1118B	PREMIUM GEL / BENTONITE	170.00	.2100	35.70
1107	FLO-SEAL (25#)	22.00	2.3500	51.70

Description	Hours	Unit Price	Total
485 CEMENT PUMP (SURFACE)	1.00	825.00	825.00
485 EQUIPMENT MILEAGE (ONE WAY)	.00	4.00	.00
611 MIN. BULK DELIVERY	1.00	350.00	350.00

Parts:	1621.60	Freight:	.00	Tax:	118.38	AR	2914.98
Labor:	.00	Misc:	.00	Total:	2914.98		
Sublt:	.00	Supplies:	.00	Change:	.00		

Signed _____

Date _____

BARTLESVILLE, OK
918/338-0808

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316/322-7022

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620/583-7664

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OAKLEY, KS
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OTTAWA, KS
785/242-4044

THAYER, KS
620/839-5269

GILLETTE, WY
307/686-4914



CONSOLIDATED
Oil Well Services, LLC

ENTERED

TICKET NUMBER 37887
LOCATION Eureka
FOREMAN Steve Mead

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

FIELD TICKET & TREATMENT REPORT

CEMENT APT # 15-111-20459

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
9-4-12	7842	Rossillon #12	25	215	10E	Lea
CUSTOMER <u>Trimble & MacLuskey Oil LLC</u>			TRUCK #	DRIVER	TRUCK #	DRIVER
MAILING ADDRESS <u>P.O. Box 121</u>			<u>485</u>	<u>Alan m.</u>		
CITY <u>Gridley</u>	STATE <u>Ks</u>	ZIP CODE <u>66552</u>	<u>611</u>	<u>Joey</u>		

JOB TYPE Surface 0 HOLE SIZE 12 1/4 HOLE DEPTH 119' CASING SIZE & WEIGHT 8 3/4
CASING DEPTH 119 DRILL PIPE _____ TUBING _____ OTHER _____
SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING 15'
DISPLACEMENT 6.6 bbls DISPLACEMENT PSI _____ MIX PSI _____ RATE _____

REMARKS: Safety Meeting: Rig up To 8 3/4 Casing. Break Circulation w/ 5 bbls Fresh water. Mix 90 sks Class A Cement w/ 3% Cacl2, 2% Gel + 1/4 Flo-tele per/sk AT 145* psig. Displace with 6.6 bbls Fresh water. Shut well in. Good Cement Returns To Surface 6 bbls slurry to pit. Job Complete Rig down

Thank you

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
<u>5403</u>	<u>1</u>	PUMP CHARGE	<u>825.00</u>	<u>825.00</u>
<u>5406</u>	<u>—</u>	MILEAGE <u>14/c</u>	<u>—</u>	<u>—</u>
<u>11045</u>	<u>90 sks</u>	Class A Cement	<u>14.95</u>	<u>1345.50</u>
<u>1102</u>	<u>255 #</u>	Cacl2 3%	<u>.74</u>	<u>188.70</u>
<u>1118B</u>	<u>170 #</u>	Gel 2%	<u>.21</u>	<u>35.70</u>
<u>1107</u>	<u>22 #</u>	Flo-tele 1/4* ps/sk	<u>2.35</u>	<u>51.70</u>
<u>5407</u>	<u>4.23</u>	Farm mileage Bulk Truck	<u>mic</u>	<u>350.00</u>
			Subtotal	<u>2796.60</u>
			SALES TAX	<u>118.38</u>
			ESTIMATED TOTAL	<u>2914.98</u>

250709

AUTHORIZATION [Signature] TITLE T.P. DATE 9-4-12

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.