



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

KANSAS CORPORATION COMMISSION 1102663
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

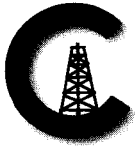
Describe in detail the manner in which the well is plugged, indicating where the mud fluid was placed and the method or methods used in introducing it into the hole. If cement or other plugs were used, state the character of same depth placed from (bottom), to (top) for each plug set.

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 # 253336

Invoice Date: 09/30/2012 Terms:

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TRIMBLE & MACLASKEY OIL LLC
BOX 171
GRIDLEY KS 66852
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STUTTLE #1
35493
14-21S-10E
09-28-12
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
445 P & A NEW WELL	1.00	1030.00	1030.00
445 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


 TICKET NUMBER 35493
 LOCATION Eureka
 FOREMAN Steve Mead

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

FIELD TICKET & TREATMENT REPORT
CEMENT APX 15-111-20464

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
9-28-12	1842	STUTTLER #1	14	215	10E	Lyon

CUSTOMER	TRUCK #	DRIVER	TRUCK #	DRIVER
Trimble & MacLuskey Oil, LLC	446	Dave		
MAILING ADDRESS	515	Colin		
P.O. Box 171				
CITY				
Gridley				
STATE				
Ks				
ZIP CODE				
66852				

JOB TYPE PTA HOLE SIZE 7 7/8 HOLE DEPTH 2619' CASING SIZE & WEIGHT _____
 CASING DEPTH _____ DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT In CASING _____
 DISPLACEMENT _____ DISPLACEMENT PSI _____ MIX PSI _____ RATE _____

 REMARKS: Safety meeting: Rig up to 4 1/2 Drillpipe. Plug well as follow.

15 SKS AT 2160'
15 SKS AT 1250'
50 SKS AT 150' TO SURFACE
25 SKS Batched
105 SKS (60/40 per mix cement 4% Gel)
Job Complete Rig down
Thank you

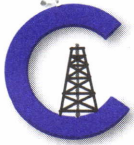
ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5405W	1	PUMP CHARGE	1070.00	1070.00
5406	30	MILEAGE	4.00	120.00
1131	105 SKS	60/40 per mix cement	12.55	1317.75
1118B	360 #	Gel 4%	.21	75.60
5407	4.52	Ten mileage Bulk Truck	m/c	350.00
SubTOTAL				2893.35
SALES TAX 7.3%				107.12
ESTIMATED TOTAL				2995.01

 AUTHORIZATION [Signature]

 TITLE TP

 DATE 9-28-12

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.



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 # 253231

Invoice Date: 09/26/2012 Terms:

Page 1

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



STUTTLE #1
35524
14-21S-10E
09-25-12
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
520	CEMENT PUMP (SURFACE)	1.00	825.00	825.00
520	EQUIPMENT MILEAGE (ONE WAY)	30.00	4.00	120.00
693	MIN. BULK DELIVERY	1.00	350.00	350.00

Parts: 1621.60 Freight: .00 Tax: 118.38 AR 3034.98
Labor: .00 Misc: .00 Total: 3034.98
Sublt: .00 Supplies: .00 Change: .00

Signed _____ Date _____



CONSOLIDATED
Oil Well Services, LLC

Rd 50 South of OIPE

West to E Rd, 1/2 South East into

TICKET NUMBER 35524

LOCATION Eureka KS

FOREMAN Shannon Feck

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

FIELD TICKET & TREATMENT REPORT

CEMENT API # 15-111-20464

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
9-25-12	7842	Stuttle #1	14	21S	10 E	Lyon
CUSTOMER <u>Trimble + MacLaskey Oil LLC</u>			Golick Drlg			
MAILING ADDRESS <u>P.O. Box 171</u>			TRUCK #	DRIVER	TRUCK #	DRIVER
CITY <u>Gridley</u>			<u>520</u>	<u>John S</u>		
STATE <u>KS</u>			<u>693</u>	<u>Russ m</u>	<u>(oskley Truck)</u>	
ZIP CODE <u>66852</u>						

JOB TYPE Surface HOLE SIZE 12 1/4" HOLE DEPTH 119' CASING SIZE & WEIGHT 8 5/8"
 CASING DEPTH 119.38 K.B. DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT 14.5-15# SLURRY VOL 24 Bbl WATER gal/sk _____ CEMENT LEFT in CASING 15'
 DISPLACEMENT 6.6 DISPLACEMENT PSI _____ MIX PSI _____ RATE 5 BPM

REMARKS: Rig up to 8 5/8 casing, Break circulation with 5 Bbl water. Miled 90 SKS Class "A" cement with 30% calcium, 2% gel + 1/4 # Flo-crete/sk @ 14.5-15#/gal. Displace with 6.6 Bbl water & shut well in. Good circulation @ all times. 6 Bbl slurry to pit. Job complete.

"Thanks Shannon & crew"

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
54015	1	PUMP CHARGE	825.00	825.00
5406	30	MILEAGE	4.00	120.00
11045	90 SKS	Class "A" cement	14.95	1345.50
1102	255 #	Calcium @ 30%	.74	188.70
1118B	170 #	gel @ 2%	.21	35.70
1107	22 #	Flo-crete @ 1/4 #/sk	2.35	51.70
5407	4.23 Tons	Ton mileage bulk Truck	m/c	350.00
			Sub Total	2916.60
			SALES TAX	118.38
			ESTIMATED TOTAL	3034.98

Ravin 3737

003031

AUTHORIZATION MC

TITLE TC

DATE 9-25-12

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.