

**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

#### 1113185

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. 1	15			
Name:				Spot Description:			
Address 1:				Sec	Twp S. R East West		
Address 2:				Feet from	North / South Line of Section		
City:         State:         Zip:            Contact Person:				Feet from East / West Line of Section Footages Calculated from Nearest Outside Section Corner:			
			Footages				
Phone: ( )				NE NW	SE SW		
Type of Well: (Check one)	Oil Well Gas Well	OG D&A Cathod	ic County:				
Water Supply Well         Other:         SWD Permit #:           ENHR Permit #:         Gas Storage Permit #:				Lease Name: Well #:			
				Date Well Completed:			
Is ACO-1 filed? Yes	No If not, is	well log attached? Yes		The plugging proposal was approved on: (Date)			
Producing Formation(s): Lis	t All (If needed attach and	other sheet)	by:		(KCC <b>District</b> Agent's Name)		
Depth	to Top:	Bottom: T.D	Plugging	Commenced:			
Depth	to Top: E	Bottom: T.D					
Depth	to Top: E	Bottom: T.D					
Show depth and thickness of	of all water, oil and gas f	ormations.					
Oil, Gas or Wat	ter Records		Casing Record (Sur	face, Conductor & Prod	luction)		
Formation	Content	Casing	Size	Setting Depth	Pulled Out		
		lugged, indicating where the muc er of same depth placed from (bot			ods used in introducing it into the hole. If		
33 3							
Address 1:			Address 2:				
·							
Phone: ( )							
Name of Party Responsible	for Plugging Fees:						
State of	Cour	nty,	, SS.				
	(Print Nam		Er	mployee of Operator o	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



### **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 #

256000

\_\_\_\_\_\_\_

Invoice Date: 01/18/2013 Terms: 0/0/30,n/30

ALTAVISTA ENERGY INC 4595 K-33 HIGHWAY

P.O. BOX 128

WELLSVILLE KS 66092

(785)883 - 4057

MC CANN B B-6

39092

15-14-22

01-15-2013

KS

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Part Number 1124 1118B	Description 50/50 POZ CEMENT MIX PREMIUM GEL / BENTONITE	Qty 55.00 277.00	Unit Price 10.9500 .2100	Total 602.25 58.17	
Description 369 80 BBL VACUUM 510 MIN. BULK DELI 666 P & A NEW WELI 666 EQUIPMENT MILE 666 CASING FOOTAGE	VERY GAGE (ONE WAY)	Hours 2.00 .25 1.00 30.00 880.00	Unit Price 90.00 350.00 1030.00 4.00	Total 180.00 87.50 1030.00 120.00	

660.42 Freight: .00 Tax: Parts: 49.70 AR 2127.62

Labor: .00 Misc: .00 Total: 2127.62 Sublt: .00 Supplies: .00 Change:

Signed

Date



TICKET NUMBER

PO Box 884, Chanute, KS 66720

# FIELD TICKET & TREATMENT REPORT

620-431-9210 o	r 800-467-8676	CEN	IENT	7667 ·		
DATE	CUSTOMER#	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
1/15/13	3244 M	Can B # B-6	SE 15	14	22	10
CÚSTOMER.	1-	•	证的工程的研究的	· · · · · · · · · · · · · · · · · · ·	Marginary (Language)	2.0 E42-1934
MAILING ADDRES	SS		TRUCK#	DRIVER	TRUCK#	DRIVER
9220-001			481	Casken	V Satiety	Heeling
	0× 178		1000	Kei Car	V	
CITY	STATE	ZIP CODE	510	SetTuc	/	
Wellsuil	le Ki	66092	369.	DerMas	./	
JOB TYPE PLU		IZE HOLE DI		CASING SIZE & W	EIGHT 4/2	<u>, , , , , , , , , , , , , , , , , , , </u>
CASING DEPTH_	860 DRILLI	PIPETUBING			OTHER	•
SLURRY WEIGHT	SLURR	YVOL WATER	gal/sk	CEMENT LEFT in		<del>,</del>
DISPLACEMENT_	DISPLA	CEMENT PSI MIX PSI	(a) (iii) (iii)	RATE 26pm		
REMARKS: Le	ld safety me	offing established	circulation th		-:	
+ pumpea	1 45 sts 50	50 Paznika a			tobing,	mixed
to surface	2, pulled tub	ing from well to	and My	2. gelpe	er Steve	enent
ID 301 Table	= 1 / POLIFO 103	y wou well, To	oped well off	w/ /0 s	to ceins	ut.
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					<del> </del>	
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			<del></del>		7	<u> </u>
	-			-/T	<u></u>	
ACCOUNT			<u> </u>		*	
CODE	QUANITY or UNITS	DESCRIPTIO	N of SERVICES or PRO	DUCT	UNIT PRICE	TOTAL
5405N	. 1	PLIMP CHARGE				

ACCOUNT CODE	QUANITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5405N		PUMP CHARGE	1	1030.00
5400	30 mi	MILEAGE		120.00
5402	880,	casing tootage		100.
5407	1/4 minimum	ton mileage		87,50
5502C	2 hrs	to Vac		180.00
				780.
1124	55 sks	Premium Gel		602.25
11183	277 #	Premium God		28.17
	iiro e e e e e e e e e e e e e e e e e e e		<u> </u>	30.17
			<del> </del>	
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		W.		
				- d
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Ravin 3737		7.525%	SALES TAX	49,70
			ESTIMATED	
AUTHORIZTION	No Co. Rep. or 10	cation TITLE	TOTAL	2127.62
			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.