



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

KANSAS CORPORATION COMMISSION 1116778
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.

(Print Name) 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.

Submitted Electronically

Mail to: KCC - Conservation Division, 130 S. Market - Room 2078, Wichita, Kansas 67202



CONSOLIDATED
Oil Well Services, LLC

256485

TICKET NUMBER 38808

LOCATION D Hgwg

FOREMAN Alan Mader

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
2-5-23	5954	Pearson 14-K	SE 11	15	20	06
CUSTOMER D Tenroc			TRUCK #			
MAILING ADDRESS 120 Shoreline Dr			DRIVER			
CITY Louisburg			TRUCK #			
STATE KS			DRIVER			
ZIP CODE 66053			TRUCK #			
			DRIVER			

JOB TYPE <i>plug</i>	HOLE SIZE	HOLE DEPTH	CASING SIZE & WEIGHT
CASING DEPTH <i>900'</i>	DRILL PIPE	TUBING <i>1" 900'</i>	OTHER
SLURRY WEIGHT	SLURRY VOL	WATER gal/sk	CEMENT LEFT in CASING <i>yes</i>
DISPLACEMENT	DISPLACEMENT PSI	MIX PSI <i>1000 PST</i>	RATE <i>16ppm</i>

REMARKS: *Hold meet. Established rate. Mixed & pumped 20 sk 50/50 cement plus 2% gel. Had cement circulate indicating a hole in 1" tubing washed well. Pulled 1" out and ran in different string. Established rate. Mixed & pumped 62 sk cement filling casing to surface. Pulled 1" out & topped off well. Put valve on casing & injected 10 sk cement. Flushed & closed valve. 92 sk total*

JOS Sean Alan Mader

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5403N	1	PUMP CHARGE	368	1030.00
5426	20	MILEAGE	368	80.00
5427	1/2 min	ton miles	510	175.00
5502C	3	80 vac	370	270.00
1124	92	50/50 cement		1007.40
1118B	155#	gel		32.55

completed

SALES TAX	75.92
ESTIMATED TOTAL	2676.87
AUTHORIZATION <i>Jim OK'D</i>	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.