



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

KANSAS CORPORATION COMMISSION 1125677
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

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

TICKET NUMBER 34977
LOCATION Ottawa
FOREMAN Alan Mader

**FIELD TICKET & TREATMENT REPORT
CEMENT**

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
9-28-12	7069	Dray #2	SW 7	15	21	DG

CUSTOMER <u>Kensch Well Service</u>		
MAILING ADDRESS <u>P.O. Box 520</u>		
CITY <u>Ottawa</u>	STATE <u>KS</u>	ZIP CODE <u>66067</u>

TRUCK #	DRIVER	TRUCK #	DRIVER
516	Ala Mad	Sc Paty	Meed
368	Der Mas	DM	
369	Jas Ric	JR	
548	Garbo	GM	

JOB TYPE <u>plug</u>	HOLE SIZE <u>5 1/8</u>	HOLE DEPTH <u>1249</u>	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 <u>4 bpm</u>

REMARKS: Held crew meeting. Established rate down drill steel. Mixed + pumped 10 sk 50/50 cement plus 6% gel to hole TD. Pulled steel to 550'. Mixed + pumped 10 sk. Pulled steel to 300'. Filled well to surface with 38 sk cement. Pulled steel out + topped off well. Washed drill steel.

38 sk total cement

HAT, Eric

Alan Mader

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5405N	1	PUMP CHARGE	368	1030.00
5406	20	MILEAGE	368	80.00
5407	min	ton miles	648	360.00
5502C	2	80 vac	369	180.00
1124	58	50/50 port cement		635.10
118B	292	gel		61.32
1123	1.5	City water		24.75
			SALES TAX	52.65
			ESTIMATED TOTAL	2413.82

RAVIN 3737
AUTHORIZATION Bob Powell TITLE PRES 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.

253333



CONSOLIDATED
Oil Well Services, LLC

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

FIELD TICKET & TREATMENT REPORT
CEMENT

TICKET NUMBER 34938

LOCATION Ottawa

FOREMAN Alan Mader

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
9-25-12	7069	Deary #2	SW 7	15	21	06
CUSTOMER <u>Reusch Well Service</u>		TRUCK #		DRIVER	TRUCK #	DRIVER
MAILING ADDRESS <u>P.O. Box 520</u>		516	<u>Alamada</u>	<u>Safety</u>	<u>Meet</u>	
CITY <u>Ottawa</u>	STATE <u>KS</u>	ZIP CODE <u>66067</u>	368	<u>DerMas</u>	<u>DM</u>	
JOB TYPE <u>Surface</u>	HOLE SIZE <u>11 3/4</u>	HOLE DEPTH <u>108</u>	370	<u>Gar Mao</u>	<u>GM</u>	
CASING DEPTH <u>108</u>	DRILL PIPE	TUBING	503	<u>Dan Det</u>	<u>DD</u>	
SLURRY WEIGHT	SLURRY VOL	WATER gal/sk	CEMENT LEFT in CASING <u>yes</u>			
DISPLACEMENT <u>4.5</u>	DISPLACEMENT PSI <u>200</u>	MIX PSI	RATE <u>4 bpm</u>			

REMARKS: Held meeting. Mixed & pumped 643k 50150 cement plus 2% gel. Circulated cement. Displaced casing with clean water. Closed valve.

HAT, Eric

Alan Mader

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
54015	1	PUMP CHARGE	368	825.00
5406	20	MILEAGE	368	80.00
5402	108'	casing footage	368	
5407	min	ton miles	503	350.00
5502C	2	80 val	370	180.00
1124	64	50150 cement		700.80
1183	108#	gel		22.68
SALES TAX				52.82
ESTIMATED TOTAL				2211.30

AVIN 3737 AUTHORIZATION [Signature] TITLE Pres DATE _____

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