



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

KANSAS CORPORATION COMMISSION 1137429
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

TICKET NUMBER 39926
LOCATION Darley KS
FOREMAN Furny

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

**FIELD TICKET & TREATMENT REPORT
CEMENT**

KS

DATE	CUSTOMER #	WELL NAME & NUMBER		SECTION	TOWNSHIP	RANGE	COUNTY	
4-30-13	2199	Max Sealed 1-7		7	215	40 W	Chanute	
CUSTOMER	Chesapeake Operations							
MAILING ADDRESS	5-Bld 3 Chanute Kan							
CITY	STATE	ZIP CODE	HOLE SIZE	HOLE DEPTH	CASING SIZE & WEIGHT			OTHER
			AWP	44"	4 1/2			
CASING DEPTH	DRILL PIPE	TUBING						
SLURRY WEIGHT	SLURRY VOL	WATER gal/sk						
13.8	1.42	6.9						
DISPLACEMENT	DISPLACEMENT PSI	MIX PSI						

REMARKS: Safety meeting on location. Rig out and plug as ordered.
80 sacks cement with 50# hulls @ 1250'. Severely low 1 1/2 hrs
may press 1400#
Peak @ 440' circ cement down 4 1/2 casings and out Annulus
with 150 sacks

230 sacks total 6040 pps 47000
Thanks Furny

ACCOUNT CODE	QUANTITY OF UNITS	DESCRIPTION OF SERVICES or PRODUCT	UNIT PRICE	TOTAL
5405a	1	PUMP CHARGE	1395.00	1395.00
5406	75	MILEAGE	5.22	393.15
5407	10400	Tow Mileage Delivery	1.32	13728.00
1131	2305FS	6040 pps	15.80	3647.60
1185	791#	Bendowide	2.77	213.51
1105	50#	Cottonseed hulls	5.58	279.00
		subtotal		6991.66
		less 1090		6991.66
		subtotal		6292.06
		SALES TAX		
		ESTIMATED TOTAL		4580.15

Rev In 3737

AFE # 802777

Dennis Dink

AUTHORIZATION TITLE

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.

