

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

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

1140492

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

REMIT TO
Consolidated Oil Well Services, LLC
Dept. 970
P.O. Box 4346
Houston, TX 77210-4346

6/10
MAIN OFFICE

P.O. Box 884
Chanute, KS 66720
620/431-9210 • 1-800/467-8676
Fax 620/431-0012

INVOICE

Invoice # 258711

Invoice Date: 05/13/2013 Terms: 0/0/30,n/30

Page 1

COLT ENERGY INC.
1112 RHODE ISLAND RD
P.O. BOX 388
IOLA KS 66749
(620) 365-3111

KIRK RB-41
41578
9-24-18E
05-08-13
KS

SCANNED

Part Number	Description	Qty	Unit Price	Total
1104S	CLASS "A" CEMENT (SALE)	20.00	15.7000	314.00
1118B	PREMIUM GEL / BENTONITE	38.00	.2200	8.36
1102	CALCIUM CHLORIDE (50#)	19.00	.7800	14.82
1107A	PHENOSEAL (M) 40# BAG)	20.00	1.3500	27.00

Description	Hours	Unit Price	Total
445 P & A OLD WELL	1.00	730.00	730.00
445 EQUIPMENT MILEAGE (ONE WAY)	.00	4.20	.00
479 MIN. BULK DELIVERY	.00	368.00	.00

123000267

MAY 14 REC'D

Parts:	364.18	Freight:	.00	Tax:	27.50	AR	1121.68
Labor:	.00	Misc:	.00	Total:	1121.68		
Sublt:	.00	Supplies:	.00	Change:	.00		

1065.60

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
785/672-8822

OTTAWA, KS
785/242-4044

THAYER, KS
620/839-5269

GILLETTE, WY
307/686-4914

CUSHING, OK
918/225-2650

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

ENTERED

TICKET NUMBER 41578
LOCATION Eureka KS
FOREMAN Shannon Feck

FIELD TICKET & TREATMENT REPORT

CEMENT API# 15-001-23659

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
5/8/13	1828	Rick # RB-41	9	24	18E	Allen
CUSTOMER Colt Energy Inc MAILING ADDRESS P.O Box 388 CITY Iola STATE KS ZIP CODE 66749						
			TRUCK #	DRIVER	TRUCK #	DRIVER
			445	Dave G		
			479	colby n		

JOB TYPE <u>P.T.A.</u>	HOLE SIZE <u>16 3/4" hole,</u>	HOLE DEPTH <u>977'</u>	CASING SIZE & WEIGHT <u>2" "Live Pipe"</u>
CASING DEPTH <u>761'</u>	DRILL PIPE _____	TUBING _____	OTHER _____
SLURRY WEIGHT _____	SLURRY VOL _____	WATER gal/sk _____	CEMENT LEFT in CASING _____
DISPLACEMENT _____	DISPLACEMENT PSI _____	MIX PSI _____	RATE _____

REMARKS: Rig up to 2" Lined pipe, Break circulation w/ 25-30 Bbl H₂O to clean out hole. mixed 20 SKS Class A cement w/ 2% gel, 1% calcium, 1 # phenoseal/sk. Shut down pull tubing, Top hole off. Job complete.

"Thanks Shannon + crew"

[illegible]

Bayin 3737

AUTHORIZTION

TITLE

DATE 5/8/2013

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.