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** 

1141116

March 2009 Type or Print on this Form Form must be Signed All blanks must be Filled

Form CP-4

## WELL PLUGGING RECORD K.A.R. 82-3-117

OPERATOR: License #:	API No. 15
Name:	Spot Description:
Address 1:	Sec Twp S. R East West
Address 2:	Feet from North / South Line of Section
City: State: Zip: +	Feet from East / West Line of Section
Contact Person:	Footages Calculated from Nearest Outside Section Corner:
Phone: ( )	NE NW SE SW
Type of Well: (Check one)       Oil Well       Gas Well       OG       D&A       Cathodic         Water Supply Well       Other:       SWD Permit #:       SWD Permit #:       SWD Permit #:         ENHR Permit #:       Gas Storage Permit #:       Gas Storage Permit #:       No         Is ACO-1 filed?       Yes       No       If not, is well log attached?       Yes       No         Producing Formation(s): List All (If needed attach another sheet)	County: Well #: 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 Plu	igging Fees:			
State of	County,	, SS.		
	(Print Name)	Employee of Opera	tor or Operator on a	above-described well,
being first duly sworp on ooth	a. That I have knowledge of the facto	statements and mottors harain contained and the	log of the chour describe	d wall is as filed and

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

CONSOLIDATED Oil Well Services, LLC	<b>REMIT TO</b> 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 # 258881
	Terms:	Page 1
CROSS BAR ENERGY LLC 100 S. MAIN, SUITE 400 WICHITA KS 67202 (316)239-6151	BURKETT E EW- 41694 26-23S-10E 05-15-13 KS	45
	DZ MIX 110.00 GEL / BENTONITE 375.00	Unit Price Total 13.1800 1449.80 .2200 82.50 .2200 88.00
Description 485 P & A OLD WELL 485 EQUIPMENT MILEAGE (ONE 611 MIN. BULK DELIVERY	1.00 WAY) 15.00	Unit Price Total 730.00 730.00 4.20 63.00 368.00 368.00

 Parts:
 1620.30 Freight:
 .00 Tax:
 118.28 AR
 2899.58

 Labor:
 .00 Misc:
 .00 Total:
 2899.58

 Sublt:
 .00 Supplies:
 .00 Change:
 .00

 Signed\_\_\_\_\_\_\_
 Date\_\_\_\_\_\_

 BARTLESVILLE, OK
 EL DORADO, KS
 EUREKA, KS
 PONCA CITY, OK
 OAKLEY, KS
 OTTAWA, KS
 THAYER, KS
 GILLETTE, WY
 CUSHING, OK

 918/338-0808
 316/322-7022
 620/583-7664
 580/762-2303
 785/672-8822
 785/242-4044
 620/839-5269
 307/686-4914
 918/225-2650





TICKET NUMBER	41694
LOCATION FUR	Ka

FOREMAN STRUCE Mead

FIELD TICKET & TREATMENT REPOI	F	IELD	TICKET	&	TREATMENT	REPOR
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PO Box 884, Chanute, KS 66720 FIELD HORET & IREAT

DATE	CUSTOMER #	WELL NAME & NU	IMBER	SECTION	TOWNSHIP	RANGE	COUNTY
6-15-17	8698	Burkett E En	1.45	36	235	10E	Greenwood
ICUSTOM-R				TRUCK #	DRIVER	TRUCK #	DRIVER
	Bor Energ	<u>y, Dc</u>		485	Alanm		
				611	Joey		
CITY		STATE ZIP CODE					
wichi	ra	IS 67203		L			
JOB TYPE	7-A	HOLE SIZE			_ CASING SIZE &		
CASING DEPTI	Н	DRILL PIPE			۹		
SLURRY WEIG	нт	SLURRY VOL	_ WATER ga	ıl/sk	CEMENT LEFT in	n CASING	
DISPLACEMEN	NT	DISPLACEMENT PSI	MIX PSI		RATE		
REMARKS:	Safry Adection	1: Plug hiell	As Follow	r. Braak	circulation	n WY Fres	h water
Puno	4000 Ge	Flush. Spal	23585 F	1 2269			
			25 SAS AI	900'			
		6	USKS 15	a' Tosucfac	e. * Top 6	vell off.	
	10	Total II	osks 69	140 Pazm	17 4% Gel	<u> </u>	
	Tot	Complet Bige	lawn				

Thank You

ACCOUNT CODE	QUANITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5405A	1	PUMP CHARGE	730.00	730.00
5406	15	MILEAGE	4.20	63.00
1131	//0 sks	60/40 pornig coment	13.18	14149.80
11180	375*	Gel 4%	,22	82.50
1118B	4000	GelFlush	.28	88.00
5407	4.7370n	Ton Mileagen Bulk Truck	mic	.368.00
		262221	Subtotal	2781.30
Ravin 3737	Stude	Mirthy TITLE Fill Say	SALES TAX ESTIMATED TOTAL DATE	118.28

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.