

Employee of Operator or Operator on above-described well,

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

Name of Party Responsible for Plugging Fees: ____

Kansas Corporation Commission OIL & GAS CONSERVATION DIVISION

WELL PLUGGING RECORD

Form CP-4 March 2009 Type or Print on this Form Form must be Signed All blanks must be Filled

API No. 15 - _____ OPERATOR: License #: Spot Description: _-__- Sec. ___ Twp. ___ S. R. ___ East West Address 1: ___ Feet from North / South Line of Section Address 2: ___ _____ 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 County: ____ Water Supply Well Other: SWD Permit #:_ Lease Name: ______ Well #:_____ ENHR Permit #: _____ Gas Storage Permit #: ____ Date Well Completed: ___ Is ACO-1 filed? Yes No If not, is well log attached? Yes No The plugging proposal was approved on: ____ Producing Formation(s): List All (If needed attach another sheet) _____(KCC **District** Agent's Name) _____ Depth to Top: _____ Bottom: _____ T.D. ___ Plugging Commenced:_____ ___ T.D. ___ _ Depth to Top: ___ Bottom: Plugging Completed:_____ ______ Depth to Top: ______ Bottom: _____ T.D. _____ Show depth and thickness of all water, oil and gas formations. Oil, Gas or Water Records Casing Record (Surface, Conductor & Production) Size Formation Content Casing 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. _____ Name: ___ Plugging Contractor License #: ___

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.

_____ County, ______ , ss.

(Print Name)

CONSOLIDATED Oil Well Services, LLC

REMIT TO

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 #

259082

Invoice Date:

05/24/2013

Terms: 0/0/30, n/30

Page

ALTAVISTA ENERGY INC 4595 K-33 HIGHWAY P.O. BOX 128 WELLSVILLE KS 66092

(785)883 - 4057

BALDWIN UNIT FW-3

41913 1-15-20 05-22-2013

KS

_______ Part Number Description Qty Unit Price Total 1124 50/50 POZ CEMENT MIX 30.00 11.5000 345.00 1118B PREMIUM GEL / BENTONITE 51.00 .2200 11.22 Description Hours Unit Price Total 495 P & A NEW WELL 1.00 1085.00 1085.00 495 EQUIPMENT MILEAGE (ONE WAY) 4.20 25.00 105.00 T-106 WATER TRANSPORT (CEMENT) 1.00 120.00 120.00 510 MIN. BULK DELIVERY .50 368.00 184.00

______ 356.22 Freight: Parts:

Labor:

.00 Tax:

26.01 AR

.00

1876.23

.00 Misc: .00 Supplies: .00 Total:

1876.23

Sublt:

.00 Change:

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



CUSTOMER#

TICKET NUMBER_ LOCATION 0 + tawa KS FOREMAN Fred Madur

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

DATE

FIELD TICKET & TREATMENT REPORT CEMENT

| DATE | CUSTOMER# | WE | LL NAME & NUMI | BER | SECTION | TOWNSHIP | RANGE | COUNTY |
|--|------------|---------------------------------------|----------------|----------|----------------|-----------------|--------------------------|---------|
| 5/22/13 | 3244 | Balaw | in Unit | FW-3 | 5w 1 | 15 | 20 | |
| CUSTOMER | | | | | | | | 1 06 |
| MAILING ADDRESS TRUCK # DRIVER | | | | | | | TRUCK# | DRIVER |
| 100 A 125 Fre Ma | | | | | | | | |
| CITY | | | | | 495 | Hav Bec | | |
| Weller | _ | KS | 66092 | | 505/TIDG | JasRic | | |
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| CEMENT LEFT | | | | | | | in CASING | u |
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| CODE | QUANTI O | , 01113 | <u> </u> | | SERVICES or PF | ODUCT | UNIT PRICE | TOTAL |
| 5405N | | <u> </u> | PUMP CHARGE | Plug to | Abandon | 495 | | 1085.60 |
| 5406 | | 25mi | MILEAGE | - U | | 495 | | 10500 |
| 5407 | 1/2 minimu | 17A | Ton M | | | 570 | | 18400 |
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| vin 3737 | 1011 | 11 | | | | - | ESTIMATED | 23 |
| UTHORIZTION | 1 De la | Alt | т. | ITLE | | | TOTAL | 187698 |

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.