

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

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

60 days from plugging date.	WELL PLUGGII K.A.R. 82-)	Form must be Signed All blanks must be Filled		
OPERATOR: License #:	Zip: + OG	API No. 15 - Spot Descrip Footages Ca County: Lease Name	tion: Sec 7 Sec 7 Feet from Feet from lculated from Near _ NE NW	Twp S. R East West North / South Line of Section East / West Line of Section rest Outside Section Corner:		
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.		by: Plugging Cor	The plugging proposal was approved on:			
Show depth and thickness of all water, oil and gas forma Oil, Gas or Water Records Formation Content		Casing Record (Surface	, Conductor & Produ	Pulled Out		
Describe in detail the manner in which the well is plugge	ed, indicating where the mud fl	uid was placed and th	e method or metho	ods 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-o	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.

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 Date:

05/20/2013

Terms: 0/0/30, n/30

258904

Invoice #

Page

ALTAVISTA ENERGY INC 4595 K-33 HIGHWAY P.O. BOX 128 WELLSVILLE KS 66092 (785)883-4057

BALDWIN WEST B-4

41837 1-15-20 05-14-2013

KS

Part Nu 1124 1118B	umber	Description 50/50 POZ CEMENT MIX PREMIUM GEL / BENTONITE	Qty 30.00 50.00		Total 345.00 11.00
369 8 510 h 666 h 666 h	Description 80 BBL VACUUM 1 MIN. BULK DELIV P & A NEW WELL EQUIPMENT MILEA CASING FOOTAGE	JERY	Hours 1.00 1.00 1.00 .00 873.00	Unit Price 90.00 .00 1085.00 4.20 .00	Total 90.00 .00 1085.00 .00

356.00 Freight: .00 Tax: Parts: 25.99 AR 1556.99

Labor: .00 Misc: .00 Total: .00 Change: 1556.99

Sublt:

.00 Supplies:

Signed

Date



TICKET NUMBER_	41837
LOCATION Offices	KS
FOREMAN Case K	eurali

SALES TAX

ESTIMATED

PO Box 884, Chanute, KS 66720

Ravin 3737

FIELD TICKET & TREATMENT REPORT

620-431-9210 or 800-467-8676 CEMENT								
DATE	CUSTOMER#	WEL	L NAME & NUME		SECTION	TOWNSHIP	RANGE	COUNTY
5/14/13	3244	Baldwin	Unit #B	-4	SW 1	15	20	DG
CUSTOMER	I BE.		,		un die gemigen is	B. B. W. B. B.	第二种 第一	
MAILING ADDR		54			TRUCK#	DRIVER	TRUCK #	DRIVER
	1-0	2 '			481	Casken	V	
CITY	Box 128	STATE	ZIP CODE		leldo	Gartoo	~	
20	- A				510	Set Tuc	V	
Wells		KS	66092		369	DerMas	V	
JOB TYPE PL	10001	HOLE SIZE		HOLE DEPTH	ſ	CASING SIZE &	WEIGHT 27/8	" EVE
CASING DEPTH		DRILL PIPE	-	TUBING			OTHER	
SLURRY WEIGH		SLURRY VOL_			k	CEMENT LEFT in		/
DISPLACEMEN'	A . C O	DISPLACEMEN		MIX PSI		RATE 2 601	ч	
REMARKS: he		mading,	establish	ed circu	lation the	ough 1" to	sino at 7	D. mixed
+ purped	· VC- VF)	50/50 P	zmix ce	went u	1 2% ge	for de, a	cenent +	שבטרומם,
pulled 11"	tubing for	on, well	Lopped	well of	F w/ 5	Les ceries	A sure	d S sks
cement is	to tore	ration,	that in c	assoc,			1	
							10	
ACCOUNT						NAME		
ACCOUNT CODE	QUANITY (or UNITS	DES	CRIPTION of	SERVICES or PR	ODUCT	UNIT PRICE	TOTAL
5406N	1		PUMP CHARGE					
5406	on lea	٣.	MILEAGE					1082,00
5402	87.3	, .	0	-1	-			
5407	04 20 24	(0/1)		20tage				
	109/11/14	Sex (140)	80 W	leage				
5502C		M>	00 00	GC				90.00
101	30	J _	W- 15	II.		-		
1124		∀c 5	59/50 Po	Zuiz	connect			345.00
11183	50 -	#	Frenie	n Gel				110000
						Coloni Lari S.C.Co		J
						. na ter	g weeks to be the	*
						ik to the second	and the second of	alad i
								a a

AUTHORIZTION 10 Co · Rog · on location TITLE 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