



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

KANSAS CORPORATION COMMISSION 1148499  
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 |
|                           |         |   |      |               |            |
|                           |         |   |      |               |            |
|                           |         |   |      |               |            |
|                           |         |   |      |               |            |

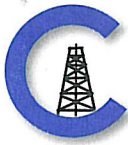
Describe in detail the manner in which the well is plugged, indicating where the mud fluid was placed and the method or methods used in introducing it into the hole. If cement or other plugs were used, state the character of same depth placed from (bottom), to (top) for each plug set.

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

**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 # 258905

Invoice Date: 05/20/2013 Terms: 0/0/30,n/30

Page 1

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

BALDWIN WEST C-5  
41838  
1-15-20  
05-14-2013  
KS

| Part Number | Description                  | Qty    | Unit Price | Total   |
|-------------|------------------------------|--------|------------|---------|
| 1124        | 50/50 POZ CEMENT MIX         | 30.00  | 11.5000    | 345.00  |
| 1118B       | PREMIUM GEL / BENTONITE      | 50.00  | .2200      | 11.00   |
| Description |                              | Hours  | Unit Price | Total   |
| 369         | 80 BBL VACUUM TRUCK (CEMENT) | 1.00   | 90.00      | 90.00   |
| 510         | MIN. BULK DELIVERY           | 1.00   | .00        | .00     |
| 666         | P & A NEW WELL               | 1.00   | 1085.00    | 1085.00 |
| 666         | EQUIPMENT MILEAGE (ONE WAY)  | .00    | 4.20       | .00     |
| 666         | CASING FOOTAGE               | 910.00 | .00        | .00     |

Parts: 356.00 Freight: .00 Tax: 25.99 AR 1556.99  
 Labor: .00 Misc: .00 Total: 1556.99  
 Sublt: .00 Supplies: .00 Change: .00

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



**CONSOLIDATED**  
Oil Well Services, LLC

258905

TICKET NUMBER 41838  
LOCATION Atama, KS  
FOREMAN Caroy Kennedy

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

**FIELD TICKET & TREATMENT REPORT**  
**CEMENT**

| DATE                          | CUSTOMER #  | WELL NAME & NUMBER | SECTION  | TOWNSHIP | RANGE | COUNTY |         |        |         |        |     |        |  |  |      |         |  |  |     |         |  |  |     |         |  |  |
|-------------------------------|-------------|--------------------|--|----------|-------|--------|---------|--------|---------|--------|-----|--------|--|--|------|---------|--|--|-----|---------|--|--|-----|---------|--|--|
| 5/14/13                       | 3244        | Baldwin Unit # C-5 | SW 1   | 15       | 20    | DG     |         |        |         |        |     |        |  |  |      |         |  |  |     |         |  |  |     |         |  |  |
| CUSTOMER<br>Atavista Energy   |             |                    | <table border="1"> <thead> <tr> <th>TRUCK #</th> <th>DRIVER</th> <th>TRUCK #</th> <th>DRIVER</th> </tr> </thead> <tbody> <tr> <td>481</td> <td>Casken</td> <td></td> <td></td> </tr> <tr> <td>6000</td> <td>Gardner</td> <td></td> <td></td> </tr> <tr> <td>510</td> <td>Set Tee</td> <td></td> <td></td> </tr> <tr> <td>369</td> <td>Der Mos</td> <td></td> <td></td> </tr> </tbody> </table> |          |       |        | TRUCK # | DRIVER | TRUCK # | DRIVER | 481 | Casken |  |  | 6000 | Gardner |  |  | 510 | Set Tee |  |  | 369 | Der Mos |  |  |
| TRUCK #                       | DRIVER      | TRUCK #            |  |          |       |        | DRIVER  |        |         |        |     |        |  |  |      |         |  |  |     |         |  |  |     |         |  |  |
| 481                           | Casken      |                    |  |          |       |        |         |        |         |        |     |        |  |  |      |         |  |  |     |         |  |  |     |         |  |  |
| 6000                          | Gardner     |                    |  |          |       |        |         |        |         |        |     |        |  |  |      |         |  |  |     |         |  |  |     |         |  |  |
| 510                           | Set Tee     |                    |  |          |       |        |         |        |         |        |     |        |  |  |      |         |  |  |     |         |  |  |     |         |  |  |
| 369                           | Der Mos     |                    |  |          |       |        |         |        |         |        |     |        |  |  |      |         |  |  |     |         |  |  |     |         |  |  |
| MAILING ADDRESS<br>PO Box 128 |             |                    |  |          |       |        |         |        |         |        |     |        |  |  |      |         |  |  |     |         |  |  |     |         |  |  |
| CITY<br>Wellsville            | STATE<br>KS | ZIP CODE<br>66092  |  |          |       |        |         |        |         |        |     |        |  |  |      |         |  |  |     |         |  |  |     |         |  |  |

JOB TYPE plug HOLE SIZE \_\_\_\_\_ HOLE DEPTH \_\_\_\_\_ CASING SIZE & WEIGHT 2 7/8" EUG  
 CASING DEPTH 910' DRILL PIPE \_\_\_\_\_ TUBING \_\_\_\_\_ OTHER \_\_\_\_\_  
 SLURRY WEIGHT \_\_\_\_\_ SLURRY VOL \_\_\_\_\_ WATER gal/sk \_\_\_\_\_ CEMENT LEFT in CASING full  
 DISPLACEMENT \_\_\_\_\_ DISPLACEMENT PSI \_\_\_\_\_ MIX PSI \_\_\_\_\_ RATE 2 bpm

REMARKS: held safety meeting, established circulation, mixed & pumped 20 sks 50/50 Pozmix cement w/ 5% gel per sk, cement to surface, pulled 1" tubing from well, topped well off w/ 5 sks cement, pumped 5 sks cement into formation, shut in casing.

*[Handwritten signature]*

| ACCOUNT CODE | QUANTITY or UNITS | DESCRIPTION of SERVICES or PRODUCT | UNIT PRICE | TOTAL           |         |
|--------------|-------------------|------------------------------------|------------|-----------------|---------|
| 5425N        | 1                 | PUMP CHARGE                        |            | 1085.00         |         |
| 5406         | on lease          | MILEAGE                            |            | —               |         |
| 5402         | 910'              | casing footage                     |            | —               |         |
| 5407         | minimum (N/C)     | ton mileage                        |            | —               |         |
| 5502C        | 1 hrs             | EO Vac                             |            | 90.00           |         |
| 1124         | 30 sks            | 50/50 Pozmix cement                |            | 345.00          |         |
| 1118B        | 50 #              | Premium Gel                        |            | 11.00           |         |
|              |                   |                                    |            | SALES TAX       | 25.99   |
|              |                   |                                    |            | ESTIMATED TOTAL | 1556.99 |

**Completed**

Ravin 3737 AUTHORIZATION No Co Rep 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