

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

the same are true and correct, so help me God.

KANSAS CORPORATION COMMISSION OIL & GAS CONSERVATION DIVISION

1148510

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 #:				API No. 15				
Name:				Spot Description:				
Address 1:				Sec Twp S. R East West				
Address 2:				Feet from North / South Line of Section				
City:	Dity:				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 Cathoo	dic	County				
Water Supply Well	Other:	SWD Permit #:		County: 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:(Date)				
Producing Formation(s): List	All (If needed attach and	other sheet)		by: (KCC District Agent's Name)				
Depth	to Top: E	Sottom: T.D		•				
Depth	to Top: E	Sottom: T.D						
Depth	to Top: E	Sottom:T.D		Plugging	Completed:			
Show depth and thickness o	f all water, oil and gas f	ormations.						
Oil, Gas or Wate	er Records		Casing R	ecord (Sur	face, Conductor & Prod	luction)		
Formation	Content	Casing	Size		Setting Depth Pulled Out			
		lugged, indicating where the muer of same depth placed from (bo						
Plugging Contractor License #:			_ Name: _	ne:				
Address 1:			Address	2:				
City:				State:		Zip:	_+	
Phone: ()								
Name of Party Responsible	for Plugging Fees:							
State of	Cour	nty,		_ , SS.				
					nployee of Operator o	r Operator on above	a-described well	
	(Print Nam			_ <u> </u>	inhioyee of Operator o	Delator on above	-uescribed well,	

Submitted Electronically

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

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 #

258908

Invoice Date: 05/20/2013

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 WEST F-4

41841 1-15-20 05-14-2013

KS

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Part : 1124 1118B	Number Description 50/50 POZ CEMENT MIX PREMIUM GEL / BENTONITE	Qty 30.00 50.00		Total 345.00 11.00			
369 510 666 666	Description 80 BBL VACUUM TRUCK (CEMENT) MIN. BULK DELIVERY P & A NEW WELL EQUIPMENT MILEAGE (ONE WAY) CASING FOOTAGE	Hours 2.00 1.00 1.00 .00 902.00	Unit Price 90.00 .00 1085.00 4.20 .00	Total 180.00 .00 1085.00 .00			

Parts: 356.00 Freight: .00 Tax: 25.99 AR 1646.99 Labor: .00 Misc: .00 Total: 1646.99

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

Signed

Date



FOREMAN Casey Kennede

ESTIMATED

TOTAL

DATE

PO Box 884, Chanute, KS 66720

Ravin 3737

FIELD TICKET & TREATMENT REPORT

620-431-9210	or 800-467-8676			CEMEN	1			
DATE	CUSTOMER#	WEL	L NAME & NUME	BER	SECTION	TOWNSHIP	RANGE	COUNTY
5/14/13	3244	Baldw	in Unit &	EF4	SW 1	15	20	DG
CUSTOMER	sta Energy				TRUCK#	DDIVED		
MAILING ADDRE	ESS	/		-	481	DRIVER	TRUCK#	DRIVER
POB	•				1200	Casken		
CITY		STATE	ZIP CODE	1	\$10	Garlloo		+
Wells	ille	KS	66092		318	Set Tuc Der Mas		-
JOB TYPE_pl	45	HOLE SIZE	, , , , , , , , , , , , , , , , , , ,	ı HOLE DEPTH		CASING SIZE & W	EIGHT 2%	"ELE
CASING DEPTH	100	DRILL PIPE		TUBING			OTHER	
SLURRY WEIGH	IT	SLURRY VOL_		WATER gal/s	k	CEMENT LEFT in	-0	7
DISPLACEMENT	г	DISPLACEMEN	T PSI	MIX PSI		RATE 2 Spm		
REMARKS: (ld salate m	recting , es	tablished	cisculat	ion throw	de l"tubica	at TN	mixed t
purped	25 85 5	150 POR	rix cou	ent w	27. 90	000 Sk 6	encert ,	- Sixton
	Libra from	well, t	apped a	rell off	w/ 5 stes	courset.		
			71					
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				-				
ACCOUNT CODE	QUANITY	or UNITS	DE	SCRIPTION of	SERVICES or PR	ODUCT	UNIT PRICE	TOTAL
5405N	,		PUMP CHARGI	=				
5406	on leas		MILEAGE	-				1085-00
5402	902	0	casine 1	C 1		***		
5407		(n/c)		1 ./				-
	Minimum	(all)	80 Vac	teace	•			(04) (36)
5502C	~	h.s	100 Vac					180.00
1171	20 d.		50/_ >		+	•		24500
1124	30 stes		50/50 2	EMIX CE	went	-		345.00
11188	50 #		Premio	n Gel				11,00
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							evan pawa	
							a port mode of "or	4.15
					·····	- A - A		05.55
ı			1			779	SALES TAY	25.99

AUTHORIZTION No Co. Rep. en location 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.

TITLE