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

1148522

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 #: SWD Permit #: SWD 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)	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	Oil, Gas or Water Records Casing Record (S		Casing Record (Surfa	face, 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	g Fees:		
State of	County,	, SS.	
	(Print Name)		or or Operator on above-described well
haing first duly sugar an asthe says. The	at I have knowledge of the factor	totomonto, and mottors harain contained, and the la	a of the choice described well is so filed on

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

CONSOLIDATI Oil Well Services, L	Concolidated Oil M/	ell Services, LLC 970 4346	Chan 620/431-9210 • 1-	AIN OFFICE P.O. Box 884 ute, KS 66720 800/467-8676 620/431-0012
INVOICE ====================================		=======================================		
ALTAVISTA ENERGY INC 4595 K-33 HIGHWAY P.O. BOX 128 WELLSVILLE KS 66092 (785)883-4057		BALDWIN WEST 1 41844 1-15-20 05-15-2013 KS	D-3	
1124 50/5	ription 50 POZ CEMENT MIX IIUM GEL / BENTONITE	68.00		
Description 370 80 BBL VACUUM TRUCH 510 MIN. BULK DELIVERY 666 P & A NEW WELL 666 EQUIPMENT MILEAGE 666 CASING FOOTAGE		1.00	.00 1085.00	Total 90.00 .00 1085.00 .00 .00

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Parts:	807.08	Freight:	.00	Tax:	58.92	AR	2041.00
Labor:	.00	Misc:	.00	Total:	2041.00		
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

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CONSOLIDATED Of Well Sprvices, LLG	258911		TICKET NUMB LOCATION	Have KS	844
PO Box 884, Chanute, KS 66720	FIELD TICKET & TREA		ORT	/	
620-431-9210 or 800-467-8676	CEMEI	NT			
DATE CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
	Idwin.Unit # D-3	S421	15	20	NG
CUSTOMER					In the second second
MAILING ADDRESS		TRUCK #	DRIVER	TRUCK #	DRIVER
PO Box 128			Casken		
CITY ISTATE	ZIP CODE	1066	Garmoo		
		510	Set Tuc		
Wellsville KS	66092	370	JasRic		
JOB TYPE Dear Hole Siz	EHOLE DEPT	Ή	CASING SIZE & W	еіднт <u> 4 /</u> _	ч <u> </u>
CASING DEPTH 903 DRILL PI	PETUBING			OTHER	
SLURRY WEIGHT SLURRY	VOL WATER gal/	sk	CEMENT LEFT in (CASING_	
DISPLACEMENT DISPLAC	EMENT PSI MIX PSI		RATE		
REMARKS: hold sation neeting	a established circul	ation throug	la 1ª tribina	at The	nixed t
	azmix coment.	w/ 22 0	0	194.0. +	1
sufface, pulled 1" tobra	Kon well, torred	l'unell of	1 10	Va can a	4
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ACCOUNT CODE	QUANITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5405N	1	PUMP CHARGE		1085.00
5406	on lesse	MILEAGE		
5402	9'03 '	casing tootage		
5407	ninimum/a/c)	ton mileage		
5502C	1 his	80 Vac		90.00
	·····			
1124	68 <u>4</u> 5	5%50 Poznik concert		782.00
1118B	114 #	Preunicun Gel		782.00
		E TAR		a cia
			Complet	<u>68</u>
			SALES TAX	58.92
Ravin 3737			ESTIMATED	DALI 9
AUTHORIZTION	No Co. Rep on to	cation TITLE	TOTAL	-au11/

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.