

**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

#### 1148523

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 De	scription:				
Address 1:				Sec	Twp S. R	East West		
Address 2:				Feet fror	m North /	South Line of Section		
City:	State:	Zip: +		Feet from East / West Line of Section				
Contact Person:			Footage	Footages Calculated from Nearest Outside Section Corner:				
Phone: ( )				NE NW SE SW				
Type of Well: (Check one)	Oil Well Gas Wel	I OG D&A Cath	odic County:					
Water Supply Well	Other:	SWD Permit #:	I '	County: Well #:				
ENHR Permit #:	Ga	s Storage Permit #:	Lease N					
Is ACO-1 filed? Yes	No If not, is	s well log attached? Yes		Date Well Completed:				
Producing Formation(s): L	ist All (If needed attach an	other sheet)	' '		•	District Agent's Name)		
Dept	th to Top: I	Bottom: T.D			,	,		
Dept	th to Top: I	Bottom: T.D	""					
Dept	th to Top: I	Bottom: T.D	Pluggino	g Completed:				
Show depth and thickness	of all water, oil and gas	formations.						
Oil, Gas or W	ater Records		Casing Record (Su	rface, Conductor & Prod	duction)			
Formation	Content	Casing	Size	Setting Depth	Pulled Out			
		Jana G		3 47				
		olugged, indicating where the mer of same depth placed from (	•					
Plugging Contractor License #:			Name:					
Address 1:			Address 2:					
City:			State:		Zip:	+		
Phone: ( )								
Name of Party Responsibl	e for Plugging Fees:							
State of	Cou	nty,	, SS.					
			F	mplovee of Operator of	or Operator on	above-described well,		
	(Print Nan			, 1,111.000.000				

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 #

258912

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 D-5

41845 1-15-20 05-15-2013 KS

Part 1	Number	Description	Qty	Unit Price	Total
1124		50/50 POZ CEMENT MIX	68.00	11.5000	782.00
1118B		PREMIUM GEL / BENTONITE	114.00	.2200	25.08
370 558 666 666 666	Description 80 BBL VACUUM MIN. BULK DELI P & A NEW WELL EQUIPMENT MILE CASING FOOTAGE	VERY AGE (ONE WAY)	Hours 2.00 1.00 1.00 .00 888.00	Unit Price 90.00 .00 1085.00 4.20 .00	Total 180.00 .00 1085.00 .00

Parts: 807.08 Freight: .00 Tax: 58.92 AR 2131.00

Labor: .00 Misc: .00 Total:

2131.00 Sublt: .00 Supplies: .00 Change: .00

\_\_\_\_\_\_

Signed BARTLESVILLE, OK 918/338-0808

Date

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



TICKET NUMBER	41845	
LOCATION Stave	KS	
FOREMAN COSON K	eunedy	

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

# **FIELD TICKET & TREATMENT REPORT**

020 101 0210		CEINIE	-14 1			
DATE	CUSTOMER# W	ELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
5/15/13	3244 Baldu	in Unit # D-5	SWI	15	50	DG
CUSTOMER	id Eas.		TDUOK #			ilitat ja liigiatikila
MAILING ADDR	vista Fnergy	· · · · · · · · · · · · · · · · · · ·	TRUCK#	DRIVER	TRUCK #	DRIVER
10.0	ox 128		481	Casken		
CITY	STATE	ZIP CODE	ldelo	GarMoo		
		i i	558	Pan Det		
Welku:		66092	370	Jas Ric		
JOB TYPE_		HOLE DEP	PTH	CASING SIZE &	WEIGHT 4/	2 "
CASING DEPTH	DRILL PIPE_	TUBING		-	OTHER	
SLURRY WEIGH			ıl/sk	CEMENT LEFT I		/
DISPLACEMENT		ENT PSI MIX PSI		RATE 6 26	pay	
REMARKS:	old safely moeting	, established circul	ation through	L 1" 2065	no at 71	S. Mixed
+ pumped	58 sts 5950	oznik coment	- 4x 29	rel ser sto	coment	- 1
suctace,	pulled 1" tubing f	roun well topper	d wall off	12/10 sts	cement	
		7 61		1 SF-3	-cure.	_•
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	- W. V.				7	}
					/	
				/		
ACCOUNT						
CODE	QUANITY or UNITS	DESCRIPTION	of SERVICES or PRO	DDUCT	UNIT PRICE	TOTAL
5405N	/	PUMP CHARGE			<del> </del>	1085,00
540 Ce	on lease	MILEAGE				1082.00
5402	888'	casing footage				
5407	minimum (n/c)					
	2 /	ten milegge		**		
5502C	od hrs	80 Vac				18000
1124	Les Ses	5950 Pozmix	coment			782.00
111833	114 #	Fromison Gel	)			25,08
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Dunia 2727					SALES TAX	58.92
Ravin 3737	•		•		ESTIMATED	2131 09
AUTHORIZTION_	No Co Report				TOTAL	ر این ا
AUTHORIZTION_	/UU LO NEV OW	OCOTICA_ 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.