

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

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. 1	5			
				Spot Des	cription:			
Address 1:					Sec	Twp S. R	East West	
Address 2:					Feet from	North / Sout	h Line of Section	
City: State: Zip: + Contact Person:				Feet from East / West Line of Section Footages Calculated from Nearest Outside Section Corner:				
Type of Well: (Check one)		= -		County: _				
Water Supply Well		SWD Permit #:		Lease Na	ame:	Well #:_		
ENHR Permit #:	_	orage Permit #:		Date Wel	I Completed:			
Is ACO-1 filed? Yes	—	ell log attached? Yes	No	The plug	ging proposal was app	proved on:	(Date)	
Producing Formation(s): List /				by:		(KCC Dis i	rict Agent's Name)	
Depth to	•	om: T.D		Plugging	Commenced:			
•	•	om: T.D		Plugging	Completed:			
Depth to	o Top: Bott	om:T.D						
			I					
Show depth and thickness of	all water, oil and gas form	nations.						
Oil, Gas or Wate	r Records		Casing F	Record (Sur	face, Conductor & Prod	uction)		
Formation	Content	Casing	Size		Setting Depth	Pulled Out		
		ged, indicating where the muc if same depth placed from (bo		•		ods used in introducing	it into the hole. If	
Plugging Contractor License #: Name			Name: _					
Address 1:			Address	2:				
City:				State:		Zip:	+	
Phone: ()				_				
Name of Party Responsible for	or Plugging Fees:							
State of	County,			, ss.				
				Fn	nplovee of Operator o	Operator on above	e-described well	
	(Print Name)					operator on above	- accombod won,	

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

Terms: 0/0/30, n/30

Invoice Date:

05/20/2013

Page

258913

ALTAVISTA ENERGY INC 4595 K-33 HIGHWAY P.O. BOX 128 WELLSVILLE KS 66092

(785)883-4057

BALDWIN WEST B-5

41906 1-15-20 05-16-2013

KS

Part Number	Description	Qty	Unit Price	Total
1124	50/50 POZ CEMENT MIX	130.00	11.5000	1495.00
1118B	PREMIUM GEL / BENTONITE	218.00	.2200	47.96
Description 369 80 BBL VACUUM 510 MIN. BULK DEI 666 P & A NEW WEI 666 EQUIPMENT MII	IVERY	Hours 3.00 1.00 1.00 20.00	Unit Price 90.00 368.00 1085.00 4.20	Total 270.00 368.00 1085.00 84.00

1542.96 Freight: .00 Tax: Parts: 112.64 AR

Labor: .00 Misc: .00 Total: 3462.60

3462.60

Sublt:

.00 Supplies:

.00 Change:

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



258913

FOREMAN Case Key

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

FIELD TICKET & TREATMENT REPORT

020-431-3210	01 000-407-807	,		CEMEN				
DATE	CUSTOMER#	WELI	NAME & NUM	BER	SECTION	TOWNSHIP	RANGE	COUNTY
5/16/13	3244	Baldwin	Unit #	BS	SWI	15	20	06
CUSTOMER	1. E						"相比"等中,等。	1.00 (1.
A Tax 10	she therg	4			TRUCK #	DRIVER	TRUCK #	DRIVER
MAILING ADDRE	ESS	,			48/	Casken		
	128				lelelo	Garlioo		
CITY		STATE	ZIP CODE	7	510	Set Tuc		
wellsu;	lle	KS	66092		369	DerMas		
JOB TYPE P		HOLE SIZE		_ _HOLE DEPT⊦	l	CASING SIZE & V	VEIGHT 4%	<u> </u>
CASING DEPTH	1887	DRILL PIPE		_TUBING			OTHER	
SLURRY WEIGH	SLURRY WEIGHT SLURRY VOL WATER gal/sk CEMENT LEFT in CASING 4. (U
DISPLACEMENT		DISPLACEMEN'	T PSI	MIX PSI		RATE 2 bon		
REMARKS: he	ld safety m	ecting ex	ablished a	circulation	m Harough	1" tubing a		ed + purper
60 sts 50	50 POZN	ix come	et u/ 2	% selp	er Se co	1 1/	Λ .	old not
pull 1" +	whing for	on well	wasted	coment	from w	ell through	1" tehin	c dill
couldn't	pull 1".	mixed +	punged	40 st	s cemen	t ceman	t to surface	e pulled
1" tubin	apart.	at 250'	to spec	d well	off w/ 1	-/ -/	nent	1 / Porteo
						Λ		
			**			- /) V		
ACCOUNT	QUANITY	or UNITS	DE	SCRIPTION of	SERVICES or PR	ODUCT	UNIT PRICE	TOTAL
CODE							JAH I NICE	TOTAL

ACCOUNT CODE	QUANITY or UNITS	DESCRIPTION of SERVICES or PRODU	JCT	UNIT PRICE	TOTAL
5405N		PUMP CHARGE			1085.00
5406	20 mi	MILEAGE			84.00
5407	a minimum	ton mileage			368,00
5502C	3 hrs	80 Vac			270.00
1/24	130 sks	50/50 Poznix coment			1495,00
1118B	218 #	Premium Gel			47.96
					1 2
			The constraint	g segune set	
-			160	A COMP	
			- CM		
				13	
			7.3%	SALES TAX	112.64
Ravin 3737				ESTIMATED	100
AUTHORIZTION	No Co. Rep. on loca	ation TITLE		TOTAL DATE	3462.60

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