

**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

#### 1148528

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 Tw	p 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:			Fo	Footages Calculated from Nearest Outside Section Corner:					
Phone: ( )					☐ NE ☐ NW ☐ SE ☐ SW				
Type of Well: (Check one)	Oil Well Gas Well	OG D&A Cathodi	c C	nuntv.					
Water Supply Well	Other:	SWD Permit #:		Lease Name: Well #:  Date Well Completed: (Date)  The plugging proposal was approved on: (Date)					
ENHR Permit #:	Gas Sto	rage Permit #:							
Is ACO-1 filed? Yes	No If not, is well	l log attached? Yes	1						
Producing Formation(s): List A	─ \ll (If needed attach another	sheet)				(KCC <b>District</b> Agent's Name)			
Depth to	Top: Botto	m: T.D	1						
Depth to	Top: Botto	m: T.D		•					
Depth to	Top: Botto	m:T.D	1	ugging	g Completed:				
Show depth and thickness of	all water, oil and gas forma	ations.							
Oil, Gas or Water	Records		Casing Reco	ord (Su	urface, Conductor & Produc	tion)			
Formation	Content	Casing	Size		Setting Depth	Pulled Out			
cement or other plugs were us	sed, state the character of	same depth placed from (bot	tom), to (top)	for ea	ach plug set.				
Plugging Contractor License #:				me:					
Address 1:			Address 2: _						
City:			St	ate:		Zip:+			
Phone: ( )									
Name of Party Responsible fo	or Plugging Fees:								
State of	County, _		, ;	SS.					
(Print Nama)				E	Employee of Operator or	Operator on above-described 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 #

258915

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-3

41908 1-15-20 05-16-2013

KS

Part Number Description Qty Unit Price Total 1124 50/50 POZ CEMENT MIX 95.00 11.5000 1092.50 1118B PREMIUM GEL / BENTONITE 160.00 .2200 35.20 Description Hours Unit Price Total 369 80 BBL VACUUM TRUCK (CEMENT) 2.00 90.00 180.00 510 MIN. BULK DELIVERY 1.00 368.00 368.00 666 P & A NEW WELL 1.00 1085.00 1085.00 666 EQUIPMENT MILEAGE (ONE WAY) .00 4.20 .00

Parts: 1127.70 Freight: .00 Tax: 82.32 AR 2843.02

Labor: .00 Total: .00 Misc: 2843.02 Sublt: .00 Supplies: .00 Change: .00

Signed

Date



TICKET NUMBER	41908
LOCATION Offere	. KS
FOREMAN Casey K	euredis

PO Box 884, Chanute, KS 66720

**FIELD TICKET & TREATMENT REPORT** 

	or 800-467-867			CEME	NT			
DATE	CUSTOMER#	WEL	L NAME & NUN	MBER	SECTION	TOWNSHIP	RANGE	COUNTY
5/16/13	3244	Baldwi	n Unit &	#F-3	SWI	15	20	06
CUSTOMER	iste Ener	·CH			TRUCK#	DOIVED	T TOLIGIE	
Altavista Energy MAILING ADDRESS					481	Casken	TRUCK#	DRIVER
PO BOX 128					Celeb	GarMoo	778	Wilket
CITY STATE			ZIP CODE	7	570	Setive	<del> </del>	<del> </del>
Wellsoi	lle	KS	66092		369	Der Mas	<del> </del>	<del> </del>
JOB TYPE PI	سور	HOLE SIZE			ГН		WEIGHT 4%	11
CASING DEPTH	10.51	DRILL PIPE		TUBING_		OADING SIZE &	OTHER	
SLURRY WEIGH	-	SLURRY VOL		WATER gal/sk CEMENT LEFT i				
DISPLACEMENT		DISPLACEMEN						
REMARKS: Le	ld safety u			1 circula	dies them	gh 14 Deleg	Lister a	<del>4</del> 7N
mixed +	Dunged -	75 Sec	9/50 Pa	July C	ement us	270 cd	100 of	200
to surfac	e sulled	1" tobin	5 from 1	well to	poed well		sts ceu	
	- / /	<u> </u>			man der	VII 40/ 20	SES CECH	eu
						^		
						/) /		
						1/		
						Int	<del>}</del>	
							***	
ACCOUNT CODE	QUANITY or UNITS DE			ESCRIPTION of	of SERVICES or PR	UNIT PRICE	TOTAL	
5405 N	1		PUMP CHARGE					NAC ac
5486	on lea	SP	MILEAGE			1000.		
5407	minimu			ileans		2		
5502 C	2 lus		tou mileage 80 Vac					3(00,00)
<u> </u>	A IV	<b>.</b>						180,00
1124	95	sks	9/ E	2.7	conect			
11188		<del>4</del>	Dog.	in Gel	caneur			1092,50
( ( D	160		( seul	in her				32.30
						4		
						Brownstati	00 000 00	8104
				-				
-						Resident		
						7200		C ===
avin 3737						7.3%	SALES TAX	82.32
	No CO						ESTIMATED TOTAL	2843.02
UTHORIZTION_	No Co. R	ep on locat	ion	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 for