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

1148540

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:	
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 #: No Is ACO-1 filed? Yes No If not, is well log attached? Yes No Producing Formation(s): List All (If needed attach another sheet) Depth to Top: Bottom: T.D.	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:
Depth to top: Bottom: I.D	

Show depth and thickness of all water, oil and gas formations.

Oil, Gas or Water Records		Casing Record (Surface, Conductor & Production)			tion)
Formation	Content	Casing	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 Fe	ees:				
State of	County,		, SS.		
,	Print Name)			or Operator on above-d	
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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

CONSOLIDA Oil Well Services	Concolidated Oil Wall C.	6	P. Chanute 620/431-9210 • 1-80	IN OFFICE O. Box 884 9, KS 66720 0/467-8676 0/431-0012
INVOICE			Invoice #	259056
Invoice Date: 05/22/20)13 Terms: 0/0/30,n/30	=======================================	==================== Pag	
ALTAVISTA ENERGY 1 4595 K-33 HIGHWAY P.O. BOX 128 WELLSVILLE KS 660 (785)883-4057	419 1-1	5-20 21-2013	W-5	
=======================================	=======================================	============		
1124 50	escription /50 POZ CEMENT MIX REMIUM GEL / BENTONITE	30.00	Unit Price 11.5000 .2200	
Description 495 P & A NEW WELL 495 EQUIPMENT MILEAGE T-106 WATER TRANSPORT (1.00 .00	Jnit Price 1085.00 4.20	

1.00

1.00

120.00

61.33

120.00

61.33

T-106 WATER TRANSPORT (CEMENT)

MIN. BULK DELIVERY

,

510

	=======		==================	========	=================	===:	
Parts:	356.22	Freight:	.00	Tax:	26.01	AR	1648.56
Labor:	.00	Misc:	.00	Total:	1648.56		
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

A	CONSOLIDATED Off Well Bervices, LLC	Ó

).590SL

41911 TICKET NUMBER LOCATION OFTAWA KS

FOREMAN Fred Mader

RANGE

20

TRUCK #

COUNTY

DG

in her state

DRIVER

EUE

TOWNSHIP

15

Ric

CASING SIZE & WEIGHT 278

DRIVER

Fre Mad Her Bec

Set TUC

Jas

PO Box 884, Cha 620-431-9210 or			ELD TICKET	CEMEN	TMENT REP	ORT
DATE	CUSTOMER #	WEI	LL NAME & NUME	BER	SECTION	TC
5/21/13	3244	Baldwit	~ Unit #	BW-5	SW 1	
CUSTOMER						
HITO	Vista E	Nery	Fire		TRUCK #	
MAILING ADDRES	S	21			712	Fre
P.O.	Bax 12				495	Ita
CITY		STATE	ZIP CODE		505/7106	Jas
Wellsvill	e	ks	66092		510	Se
ЈОВ ТҮРЕ		HOLE SIZE		HOLE DEPTH		CASIN
CASING DEPTH	0 900	DRILLPIPE		TUBING		

			OTHER
SLURRY WEIGHT	SLURRY VOL	WATER gal/sk	CEMENT LEFT IN CASING Ful
DISPLACEMENT」パク	DISPLACEMENT PSI	MIX PSI	RATE_1-112BPm
REMARKS: Hold QVEW	meeting Rig ra	" I" Kubing To T.	D. Fill to Surface a
Commit. Pull		If well. Squeer.	e 55KS Cement into
Formation. S	WY IN Massing @	500 PSI. Wask	
	0 -		\mathcal{F}
-7.11		0	

10tal 30 sks 50/50 for Mix Cement 270 bel.

TOS Tuc.

Maria

ACCOUNT CODE	QUANITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5405N	I	PUMP CHARGE Plug to Abandon 493	5	108500
5406	16 Monimum	MILEAGE		N/C
55010	1 hr	Ton Miles 515 Transport 505/7100		6133
		Transport 505/7100		12000
<u> </u>	30 sks	50/50 Por Mix Censuit		34500
1118B	51#	50/50 Por Mix Cenned fremium Gel.		34500
	1	5 		
			<u>14</u>	10
		. 4 2. 41 :	6 M. C.	
avin 3737		7.37	SALES TAX	260
	phin		ESTIMATED TOTAL	2601
AUTHORIZTION	the Went	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.