

**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

## 1153311

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: Address 1: Address 2:					Spot Description:					
					Sec Twp S. R East West Feet from North / South Line of Section					
Footages Calculated from Nearest Outside Section Corner:										
Phone: ( )				NE NW SE SW						
Type of Well: (Check one)		=		County: _						
Water Supply Well		SWD Permit #:		Lease Name: Well #:						
ENHR Permit #:		orage Permit #:		Date Well Completed:						
Is ACO-1 filed? Yes	<del>_</del>	Il log attached? Yes	No	The plugging proposal was approved on: (Date)						
Producing Formation(s): List				by:		(KCC <b>Di</b> s	strict Agent's Name)			
Depth to	•	om: T.D		Plugging Commenced:						
	•	om: T.D		Plugging Completed:						
Depth to	o Top: Bott	om:T.D								
Show depth and thickness of	all water, oil and gas form	nations.								
Oil, Gas or Wate	r Records		Casing F	Record (Sun	face, Conductor & Prod	uction)				
Formation	Content	Casing	Size		Setting Depth	Pulled Out				
		ged, indicating where the muc f same depth placed from (bo		•		ods used in introducing	; it into the hole. If			
Plugging Contractor License #:										
Address 1:			Address	2:						
City:				State:		Zip:	+			
Phone: ( )										
Name of Party Responsible for	or Plugging Fees:									
State of	County,			_ , SS.						
				Fn	anlovee of Operator of	Operator on abo	we-described well			
	(Print Name)				iployee of Operator of		,vo 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 Date: 07/11/2013 Terms: 0/0/30,n/30 Page 1

ALTAVISTA ENERGY INC 4595 K-33 HIGHWAY P.O. BOX 128 WELLSVILLE KS 66092 (785)883-4057 WILLIAMS 16 O 42149 24-15-20 07-08-2013 KS

 Part Number
 Description
 Qty Unit Price
 Total

 1124
 50/50 POZ CEMENT MIX
 25.00 11.5000 287.50

 1118B
 PREMIUM GEL / BENTONITE
 126.00 .2200 27.72

Description Hours Unit Price Total P & A NEW WELL 495 1.00 1085.00 1085.00 495 EQUIPMENT MILEAGE (ONE WAY) .00 .00 4.20 503 .25 MIN. BULK DELIVERY 368.00 92.00 675 80 BBL VACUUM TRUCK (CEMENT) 1.50 90.00 135.00

Parts: 315.22 Freight: .00 Tax: 24.11 AR 1651.33

Labor: .00 Misc: .00 Total: 1651.33
Sublt: .00 Supplies: .00 Change: .00

Signed\_\_\_\_\_\_Date\_\_\_\_



Ravin 3737

**AUTHORIZTION** 

260341

TICKET NUMBER\_ LOCATION DTTawa FOREMAN Fred Made

SALES TAX

ESTIMATED TOTAL

620-431-9210	or 800-467-8676		CEME		ORT		
DATE	CUSTOMER#		LL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
7.8.13 CUSTOMER	3244	w: 11:a	ms # 16.0	८० २५	15	20	<del></del>
The state of the s	zvista E		<del></del>				I FR
MAILING ADDRE	ESS	nergy	Anc	TRUCK#	DRIVER	TRUCK#	DRIVER
PA	Box 128	U		712	Fre Mad		
CITY		STATE	ZIP CODE	475	HarBec		
Wells vi		KS		675	Kei Det		
JOB TYPE			66092	203	Pan Det		
CASING DEPTH	1/1/	HOLE SIZE DRILL PIPE	HOLE DEP	_	CASING SIZE &	WEIGHT 27/8	
SLURRY WEIGH	7	100	St.	NO TO		OTHER	
DISPLACEMENT		SLURRY VOL	WATER gal			CASING FU	
	6.7	DISPLACEMEN			RATE_ 1- 1/2	BAM	
REMARKS: 14				1" Tubin	to TO	Fill X	
<u> </u>		Ceme		Tub mio	Topof	f Well a	4
<u>Cem</u>	ent. Wa	sh out	1" Tub.y.				/
	-/0						
	Lotal	25 SH	6 50/50 Paz M	11x Coment	6% Cul		
	<del>_</del>	_					
		·			7	1	
TOS	well.	Servic	٠		Fred VI	radu	
					/		
CODE	QUANITY or UNITS DESCRIPTION of S			f SERVICES or PROI	DUCT	UNIT PRICE	TOTAL
5405N	1		PUMP CHARGE Plus 1	o Abambar	495		10.500
5406			MILEAGE 0				1025=
5407	14 mins	mon	Ton Miles		502		9200
35020	1 1/2	<u></u>	80 BB1 Var	Truck	675		7d-
							13500
		266					
				<u> </u>			<del> </del>
1124		25 5/45	50/50 Poz M	15.00			
11183	×	264					28750
11185	/	0 O	Premim 6	el			2722
	·	V					N 3 1 1 1 1 1 1
					11.000		
							•
			7 11 11 11 11 11 11 11 11 11 11 11 11 11			eamile le	No.

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.

TITLE