

**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

#### 1153314

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	o. 15			
			Spot Description:				
Address 1:				Sec Tv	vp S. R East West		
Address 2:			Feet from North / South Line of Secti				
City:				Feet from East / West Line of Section			
Contact Person:		Footag	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	ic County	<i>r</i>			
Water Supply Well	Other:	SWD Permit #:	1 .	Lease Name: Well #:  Date Well Completed:			
ENHR Permit #:	Gas Sto	orage Permit #:					
Is ACO-1 filed? Yes	No If not, is well	I log attached? Yes	1		oved on: (Date)		
Producing Formation(s): List	All (If needed attach another	r sheet)	by:		(KCC <b>District</b> Agent's Name)		
Depth to	o Top: Botto	om: T.D					
Depth to	o Top: Botto	om: T.D		-			
Depth to	o Top: Botto	om:T.D	Tidggii	ig Completed			
Show depth and thickness of	all water, oil and gas forma	ations.					
Oil, Gas or Wate	r Records		Casing Record (S	Surface, Conductor & Produc	ction)		
Formation	Content	Casing	Size	Setting Depth	Pulled Out		
zement of other plugs were u	Sed, State the Character Of	same depth placed from (bot	копт, ко (кор) юг е	acii piug set.			
Plugging Contractor License #:							
Address 1:			Address 2:				
•					Zip:+		
Phone: ( )							
Name of Party Responsible for	or Plugging Fees:						
State of	County, _		, SS.				
	(Drint Mana)			Employee of Operator or	Operator on above-described well,		
	(Duint Nove)						

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 # 260219

Invoice Date: 07/09/2013 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 17-P 42114 24-15-20 07-03-2013 KS

Part Number	Description	Qty	Unit Price	Total
1124	50/50 POZ CEMENT MIX	45.00	11.5000	517.50
1118B	PREMIUM GEL / BENTONITE	227.00	.2200	49.94
Description 369 80 BBL VACUUM 495 P & A NEW WELI 495 EQUIPMENT MILI 558 MIN. BULK DELI	EAGE (ONE WAY)	Hours 2.00 1.00 20.00 .50	Unit Price 90.00 1085.00 4.20 368.00	Total 180.00 1085.00 84.00 184.00

Parts: 567.44 Freight: .00 Tax: 43.41 AR 2143.85

Labor: .00 Misc: .00 Total: 2143.85
Sublt: .00 Supplies: .00 Change: .00

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

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



260219

TICKET NUM	IBER	421	14
LOCATION_	0440	ru a K	5
<b>FOREMAN</b>	Fre	d Mas	1

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

# FIELD TICKET & TREATMENT REPORT CEMENT

DATE	CUSTOMER#	WEL	NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
7-3-13	3244	William	15 # 17-P	SW 24	15-	7.0	FR
CUSTOMER,				Maria L. Maria	<u>حر</u> القال الدارا	20	
MAILING ADDRE	vista En	ergy Inc		TRUCK#	DRIVER	TRUCK#	DRIVER
MAILING ADDRE	200	, 0		712	Fre Mad		
CITY P.O.	Bax 128		Tere 0.00	495	Har Bec		
10 M		STATE	ZIP CODE	369	Der Mas		
Wellsu;	)(e	KS	66092	558	wilmat		
JOB TYPE	Plug	HOLE SIZE	HOLE DEPTI	4 800°	CASING SIZE &	WEIGHT Y'S.	
CASING DEPTH		DRILL PIPE	<u>/                                </u>	to To		OTHER	
SLURRY WEIGH	T	SLURRY VOL_	WATER gal/s	sk	CEMENT LEFT in		11 to Plus
DISPLACEMENT	N/A	DISPLACEMENT	T PSI MIX PSI		RATE_1.1%		11 /2/105
REMARKS: K	in ron l"	to bing t	10 45 9,0% (30 A) 10 10 10 10 10 10 10 10 10 10 10 10 10	25 SH			11 1
400'				D. J. S.F	Cemen		
	1980	Jell. 1	Dash out	" 7	Maining_	1" 706,	he .
	<u> </u>		DUS V BUT A	Toh.ng	-		
			5-100				
7	otal 455	VE 50/-	Pormix Coment	10/10			· —————
	73.	3 H3 O 0/3 O	FORTH X CEMENT	6/0 Wel		-	
-	A. T.	-					
70				-	10	Moder	-
					Tuck	Moore	
ACCOUNT	OUANITY.						
CODE	QUANITY o	OF UNITS	DESCRIPTION of	SERVICES or PRO	DUCT	UNIT PRICE	TOTAL
5405N		!	PUMP CHARGE Pluc	to Abouda	495		108500
5406	2	omi	MILEAGE d		495		₹84°00
5407	1/2 Minin	sum	Ion Miles		2 <u>2</u> 4		18400
25020		hrs	80 BBL Vac Tr	uck	369		18000
					9-1		780
1124	۲	150145	50/50 PORMIX	7044			~,
1/180		27#	At .	spren			57750
11100		K.Z	Promium Cal				49 99
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		31100	OAH 8000 - 7000				
					7,65	SALES TAX	43 41
lavin 3737	-1	1				ESTIMATED	
	_A W	before	0 - 200 - 300 - 20			TOTAL	2143 85
AUTHORIZTION_	1 0		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.