



Notice: Fill out COMPLETELY and return to Conservation Division at the address below within 60 days from plugging date.

KANSAS CORPORATION COMMISSION 1153858
OIL & GAS CONSERVATION DIVISION
WELL PLUGGING RECORD
 K.A.R. 82-3-117

Form CP-4
March 2009

Type or Print on this Form
Form must be Signed
All blanks must be Filled

OPERATOR: License #: _____
 Name: _____
 Address 1: _____
 Address 2: _____
 City: _____ State: _____ Zip: _____ + _____
 Contact Person: _____
 Phone: (_____) _____
 Type of Well: (Check one) Oil Well Gas Well OG D&A Cathodic
 Water Supply Well Other: _____ SWD Permit #: _____
 ENHR Permit #: _____ Gas Storage Permit #: _____
 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. _____
 _____ Depth to Top: _____ Bottom: _____ T.D. _____
 _____ Depth to Top: _____ Bottom: _____ T.D. _____

API No. 15 - _____
 Spot Description: _____
 _____ - _____ - _____ Sec. _____ Twp. _____ S. R. _____ East West
 _____ Feet from North / South Line of Section
 _____ Feet from East / West Line of Section
 Footages Calculated from Nearest Outside Section Corner:
 NE NW SE SW
 County: _____
 Lease Name: _____ Well #: _____
 Date Well Completed: _____
 The plugging proposal was approved on: _____ (Date)
 by: _____ (KCC District Agent's Name)
 Plugging Commenced: _____
 Plugging Completed: _____

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

Oil, Gas or Water Records		Casing Record (Surface, Conductor & Production)			
Formation	Content	Casing	Size	Setting Depth	Pulled Out

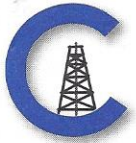
Describe in detail the manner in which the well is plugged, indicating where the mud fluid was placed and the method or methods used in introducing it into the hole. If cement or other plugs were used, state the character of same depth placed from (bottom), to (top) for each plug set.

Plugging Contractor License #: _____ Name: _____
 Address 1: _____ Address 2: _____
 City: _____ State: _____ Zip: _____ + _____
 Phone: (_____) _____
 Name of Party Responsible for Plugging Fees: _____
 State of _____ County, _____, ss.
 _____ Employee of Operator or Operator on above-described well,
 (Print Name)

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

Mail to: KCC - Conservation Division, 130 S. Market - Room 2078, Wichita, Kansas 67202



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 # 261029

Invoice Date: 07/30/2013 Terms: 0/0/30,n/30

Page 1

SCOTT'S WELL SERVICE, INC.
P.O. BOX 136
ROXBURY KS 67476
(785)254-7828

BICKEL B#2
42852
8-16-1W
07-26-13
KS

Part Number	Description	Qty	Unit Price	Total
1131	60/40 POZ MIX	85.00	13.1800	1120.30
1118B	PREMIUM GEL / BENTONITE	340.00	.2200	74.80
	Description	Hours	Unit Price	Total
446	P & A NEW WELL	1.00	1085.00	1085.00
446	EQUIPMENT MILEAGE (ONE WAY)	85.00	4.20	357.00
502	TON MILEAGE DELIVERY	340.00	1.41	479.40

Parts:	1195.10	Freight:	.00	Tax:	85.45	AR	3201.95
Labor:	.00	Misc:	.00	Total:	3201.95		
Sublt:	.00	Supplies:	.00	Change:	.00		

Signed Pd 8-1-13 ck# 7575

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



ENTERED

TICKET NUMBER 42852 X
 LOCATION 180
 FOREMAN Jeff Shell

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

FIELD TICKET & TREATMENT REPORT

CEMENT API 15-169-20346-00-00

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
7/26/13	7922	Bickel 8#2	8	16	1 W	Saline
CUSTOMER Scotts Production			TRUCK #	DRIVER	TRUCK #	DRIVER
MAILING ADDRESS PO Box 136			446	Josh. G		
CITY Roxbury			502	Zevi. A		
STATE KS			5771	Jeff. S		
ZIP CODE 67476						

JOB TYPE Plug HOLE SIZE 8 5/8 HOLE DEPTH _____ CASING SIZE & WEIGHT _____
 CASING DEPTH _____ DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING _____
 DISPLACEMENT _____ DISPLACEMENT PSI _____ MIX PSI _____ RATE _____

REMARKS: Safety Meeting, ran drill pipe to 260 ft pumped 35 SKS 60/40 Poz
mix 4% gel pulled drill pipe topped off with 25 SKS 60/40 Poz 4% gel
plugged rat hole with 25 SKS 60/40 poz 4% gel

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5405N	1	PUMP CHARGE	1085.00	1085.00
5406	8.5	MILEAGE	4.20	357.00
1131	8.5	SKS 60/40 Poz mix cement	13.18	1120.30
1118B	340	lbs Gel	.22	74.80
5407 A	8.5	miles Ton mileage delivery	1.41	479.40
			Subtotal	3116.50
			SALES TAX	86.45
			ESTIMATED TOTAL	3202.95

Ravin 3737

AUTHORIZATION Cotton

TITLE 261029

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.