



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

KANSAS CORPORATION COMMISSION 1159307
OIL & GAS CONSERVATION DIVISION

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 #: _____
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.

(Print Name) Employee of Operator or Operator on above-described well,

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 # 260862

Invoice Date: 07/25/2013 Terms: 10/10/30, n/30 Page 1

MURFIN DRILLING
P.O. BOX 288
RUSSELL KS 67665
() -

HOOF #101 USED FOR P-A
38012
31-9-23
07-23-2013 APPROVED [Signature]
KS

Part Number	Description	Qty	Unit Price	Total
1131	60/40 POZ MIX	610.00	15.8600	9674.60
1118B	PREMIUM GEL / BENTONITE	2098.00	.2700	566.46
1105	COTTONSEED HULLS	450.00	.5800	261.00

Sublet Performed	Description	Total
9996-130	CEMENT MATERIAL DISCOUNT	-1050.21
9995-130	CEMENT EQUIPMENT DISCOUNT	-343.00

Description	Hours	Unit Price	Total
460 TON MILEAGE DELIVERY	1.00	1146.25	1146.25
463 P & A OLD WELL	1.00	875.00	875.00
463 EQUIPMENT MILEAGE (ONE WAY)	50.00	5.25	262.50
T-129 TON MILEAGE DELIVERY	1.00	1146.25	1146.25

PA101 3095.0002.1 13238.28 PTA #101

Amount Due 14709.21 if paid after 08/24/2013

Parts:	10502.06	Freight:	.00	Tax:	699.43	AR	13238.28
Labor:	.00	Misc:	.00	Total:	13238.28		
Sublt:	-1393.21	Supplies:	.00	Change:	.00		

Signed _____ 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



CONSOLIDATED
Oil Well Services, LLC

260862

TICKET NUMBER 38012
LOCATION Oakley, KS
FOREMAN Fuzz

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

FIELD TICKET & TREATMENT REPORT
CEMENT

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
7-23-13	5406	Hoef #01	31	9	23w	Graham

CUSTOMER	TRUCK #	DRIVER	TRUCK #	DRIVER
Murphy Dale	403	Timothy		
MAILING ADDRESS	460	Jack J		
CITY	528-129	Jonathan		

JOB TYPE AWD HOLE SIZE _____ HOLE DEPTH _____ CASING SIZE & WEIGHT 5 1/2
 CASING DEPTH _____ DRILL PIPE _____ TUBING 2 3/8 OTHER _____
 SLURRY WEIGHT 13.8 SLURRY VOL 1.42 WATER gal/sk _____ CEMENT LEFT In CASING _____
 DISPLACEMENT _____ DISPLACEMENT PSI _____ MIX PSI _____ RATE _____

REMARKS: Safety meeting on morning workhour. Rig up and plug as ordered
125 sks cement w/ 250' hells @ 3780'
125 sks cement w/ 200' hells @ 2900' Attempt to
Circ from 1700' to surface and 8 5/8 with 300 sks cement. Wait on
more cement. Moved up to 5 1/2 csg pumped 400 sks cement filled
csg + B-side press to 300' and released. Wait back to Hoef #01
Topped off 5 1/2 csg with 20 sks cement
Total 590 sks 60/40 pos 49 gal + 450' hells + 20 sks on track well

Thanks Fuzz crew

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5405A	1	PUMP CHARGE	875.00	875.00
5406	50	MILEAGE	5.25	262.50
5407A	26.2 ton	Tow mileage Delivery	12.5	2292.50
1131	610 sks	60/40 pos	15.85	9674.00
1132	2098	Bandage	1.27	586.46
1105	450	Condensed hells	15.8	2610.00
		subtotal		13932.00
		tax 10.90		13932.00
		subtotal		12538.85

completed

SALES TAX _____
ESTIMATED TOTAL 13238.28

AUTHORIZATION Wade King 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