



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

KANSAS CORPORATION COMMISSION 1159404
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.
 _____ 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 # 260743

Invoice Date: 07/23/2013 Terms: 10/10/30,n/30 Page 1

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

HOOF 103
37986
31-9-23
07-22-2013
KS

USED FOR P-A
APPROVED J.R.

Part Number	Description	Qty	Unit Price	Total
1131	60/40 POZ MIX	490.00	15.8600	7771.40
1118B	PREMIUM GEL / BENTONITE	1686.00	.2700	455.22
1105	COTTONSEED HULLS	450.00	.5800	261.00

Sublet Performed	Description	Total
9996-130	CEMENT MATERIAL DISCOUNT	-848.76
9995-130	CEMENT EQUIPMENT DISCOUNT	-298.15

Description	Hours	Unit Price	Total
463 P & A OLD WELL	1.00	875.00	875.00
463 EQUIPMENT MILEAGE (ONE WAY)	50.00	5.25	262.50
529 TON MILEAGE DELIVERY	1.00	922.00	922.00
693 TON MILEAGE DELIVERY	1.00	922.00	922.00

PA101 3095.0004.1 10887.48 PTA #103

Amount Due 12097.20 if paid after 08/22/2013

Parts:	8487.62	Freight:	.00	Tax:	565.27	AR	10887.48
Labor:	.00	Misc:	.00	Total:	10887.48		
Sublt:	-1146.91	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



260143

TICKET NUMBER 37986
 LOCATION Oakley, KS
 FOREMAN Jerry Fuzzy

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

FIELD TICKET & TREATMENT REPORT
 CEMENT

Kansas

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
7-22-13	5406	Hoop 103	31	9	23W	Graham
CUSTOMER			TRUCK #			
Mailing Address			DRIVER			
CITY			TRUCK #			
STATE			DRIVER			
ZIP CODE			assist			

Wokony B
 N to RIG
 334W
 N into

JOB TYPE OHP HOLE SIZE _____ HOLE DEPTH _____ CASING SIZE & WEIGHT 5 1/2 15.5R
 CASING DEPTH _____ DRILL PIPE _____ TUBING 2 7/8 OTHER _____
 SLURRY WEIGHT 13.8 SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT In CASING _____
 DISPLACEMENT _____ DISPLACEMENT PSI _____ MIX PSI _____ RATE _____

REMARKS: softly making and rig up on Martin pulling unit and plug as ordered w/ 60/40 poz mix
@ 3715, 125 sks and 250# hulls
@ 2730, 125 sks and 200# hulls
@ 1590, mixed 210 sks and circulated to surface 5 1/2 and 2 7/8 together pulled tubing
and tapered off with 30 sks

total 490 sks w/ 490# 450# hulls Thank you
 Jerry Fuzzy + 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	21.07	ton mileage delivery	1.75	1844.00
1131	490 sks	60/40 poz mix	15.86	7,771.40
118B	1686#	bestonite	.27	455.22
1105	450#	cotton seed hulls	.58	261.00
			subtotal	11469.12
			less 108.91	1146.91
			subtotal	10,887.48
			SALES TAX	565.27
			ESTIMATED TOTAL	10887.48

completed

Ravin 3737

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 form.