



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

KANSAS CORPORATION COMMISSION 1159562
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

Arcty
cc: WF
cc: LM

MAIN OFFICE
P.O. Box 884
Chanute, KS 66720
620/431-9210 • 1-800/467-8676
Fax 620/431-0012

INVOICE

Invoice # 258105

Invoice Date: 04/17/2013 Terms: 10/10/30, n/30 Page 1

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

DIEBOLT 1-1
39394 USED FOR P-A
17-10-23
04-16-2013 APPROVED [Signature]
KS

Part Number	Description	Qty	Unit Price	Total
1131	60/40 POZ MIX	450.00	15.1000	6795.00
1118B	PREMIUM GEL / BENTONITE	1548.00	.2500	387.00
1107	FLO-SEAL (25#)	112.00	2.8200	315.84
1118B	PREMIUM GEL / BENTONITE	900.00	.2500	225.00
1105	COTTONSEED HULLS	700.00	.5500	385.00

Sublet Performed	Description	Total
9996-130	CEMENT MATERIAL DISCOUNT	-810.78
9995-130	CEMENT EQUIPMENT DISCOUNT	-270.05

Description	Hours	Unit Price	Total
463 P & A OLD WELL	1.00	835.00	835.00
463 EQUIPMENT MILEAGE (ONE WAY)	50.00	5.00	250.00
530 TON MILEAGE DELIVERY	1.00	1615.50	1615.50

PAID 1787.00 1.1 10278.45 PTA #1-1

Amount Due 11420.49 if paid after 05/17/2013

Parts:	8107.84	Freight:	.00	Tax:	550.94	AR	10278.45
Labor:	.00	Misc:	.00	Total:	10278.45		
Sublt:	-1080.83	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 918/225-2850



CONSOLIDATED
Oil Well Services, LLC

258105

TICKET NUMBER 39394
LOCATION Oakley, KS
FOREMAN Kelly Gabel

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
4-16-13	5406	Diebolt 1-1	17	105	230	Goosman
CUSTOMER		Muffin		Wattawa		
MAILING ADDRESS		N to RC		TRUCK #	DRIVER	TRUCK #
CITY		STATE		ZIP CODE	DRIVER	
				463	COYD	
				530	TRAVIS W	
					JACK	

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

REMARKS: safety meeting, rigged up on well, mixed 700# gel, 50 SKS 60/40 P 02 45% gel 1/4" Flo-seal with 100# Hulls & displaced down, pulled tubing to 2515', mixed 125 SKS cement with 300# Hulls & displaced down, pulled tubing to 1167' & mixed 170 SKS cement with 300# hulls, pulled tubing out & tied onto 5 1/2 casing & mixed 100 SKS till got cement to circulate, topped off casing with 5 SKS, washed out pumps & liner rigged down.

Thank You
Kelly & crew

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5405A	1	PUMP CHARGE	835.00	835.00
5406	50 mi	MILEAGE	5.00	250.00
1131	450 SKS	60/40 P 02	15.10	6795.00
118B	1548 #	Bentonite	.25	387.00
1107	112 #	Flo-seal	28.2	3158.4
5407A	19.35	Taxi mileage delivery	1.67	1615.50
118B	900 #	Bentonite (spacer)	.25	225.00
1105	700 #	Cottonseed hulls	.55	385.00
				10,808.34
				1080.83
				9727.51
			SALES TAX	550.94
			ESTIMATED TOTAL	10278.45

completed

Ravin 3737

1:30 PM AUTHORIZATION [Signature] TITLE _____

DATE 4-16-13

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.