

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

1159705

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 N | No. 15 | | | |
|--------------------------------|--------------------------------|---------------------|------------|--|--|--|--|
| Name: | | | | Description: | | | |
| Address 1: | | | | Sec T | wp S. R East West | | |
| Address 2: | | | | Feet from | North / South Line of Section | | |
| City: | State: | Zip:+ | | Feet from | East / West Line of Section | | |
| Contact Person: | | | Foota | ages Calculated from Neare | est Outside Section Corner: | | |
| Phone: () | | | | NE NW | SE SW | | |
| Type of Well: (Check one) | | | ic Coun | ty: | | | |
| Water Supply Well | | | Lease | e Name: | Well #: | | |
| | _ | orage Permit #: | Date | Well Completed: | | | |
| Is ACO-1 filed? Yes | No If not, is well | I log attached? Yes | 1 | | roved on: (Date) | | |
| Producing Formation(s): List A | | | ' - | | (KCC District Agent's Name) | | |
| Depth to | | m: T.D | l Plugo | ging Commenced: | | | |
| Depth to | | m: T.D | Plugg | Plugging Completed: | | | |
| Depth to | o Top: Botto | m: T.D | | | | | |
| Ob d | all contain all and man famous | | | | | | |
| Show depth and thickness of | | ations. | 0 ' 0 ' | (0.1 | | | |
| Oil, Gas or Water | | | | g Record (Surface, Conductor & Production) | | | |
| Formation | Content | Casing | Size | Setting Depth | Pulled Out | | |
| | | | | | | | |
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| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| cement or other plugs were us | . 00 | | • | | ods used in introducing it into the hole. If | | |
| Plugging Contractor License #: | | | Name: | ne: | | | |
| Address 1: | | | Address 2: | | | | |
| City: | | | State | : | Zip:+ | | |
| Phone: () | | | | | | | |
| Name of Party Responsible fo | or Plugging Fees: | | | | | | |
| State of | County, _ | | , SS. | | | | |
| | (Print Name) | | | Employee of Operator or | Operator on above-described well, | | |

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

Invoice #



INVOICE

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

255997

| Invoice Date: 01/18 | /2013 Terms: 10/10/30,n/ | ====================================== | | ========= Page 1 |
|---|---|--|------------------|---------------------|
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| • | • • • | ABBUE | | |
| MURFIN DRILLING | | AYBEL #4 | rn ron DA | |
| P.O. BOX 288 | | 9278 US 5~10-24 | ED FOR <u>PA</u> | -1 |
| RUSSELL KS 676 | - | 5-10-24 1-17-2013 др | DOWED BY | ' /L . |
| | | т-17-2013 ДР KS | PROVED A | |
| | | , | | |
| ======================================= | ======================================= | 22222222 | ======== | ===== = == |
| Part Number | Description | Qty | Unit Price | |
| 1131 | 60/40 POZ MIX | 370.00 | | |
| 1118B | PREMIUM GEL / BENTONITE | 1273.00 | | |
| 1105 | COTTONSEED HULLS | 550.00 | | |
| 1111 | SODIUM CHLORIDE (GRANULA | 100.00 | .0000 | .00 |
| Sublet Performed | Description | | | Total |
| 9996-130 | CEMENT MATERIAL DISCOUNT | | • | -620.78 |
| 9995-130 | CEMENT EQUIPMENT DISCOUNT | | • | -257.08 |
| Description | | Hours | Unit Price | Total |
| 463 P & A OLD WELL | 1 | 1.00 | 835.00 | |
| 463 EQUIPMENT MILE | | 55.00 | | |
| 466 TON MILEAGE DE | | 1.00 | | |
| 693 TON MILEAGE DE | LIVERY | 1.00 | 730.40 | 730.40 |
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| | Amount Due 9 | 247.24 if pa | id after 02 | /17/2013 |
| | | | 1 . | |

Parts:

Labor:

Signed

6207.75 Freight:

.00 Misc:

-877.86 Supplies:

.00 Tax:

.00 Total:

.00 Change:

8322.51

,00

Date

8322.5



| TICKET NUMBER | 39278 |
|---------------|---------|
| LOCATION ONE | ley 1es |
| FOREMAN FUE | 12 Y |

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

FIELD TICKET & TREATMENT REPORT

| 620-431-9210 | or 800-467-867(| 3 | | CEMEN | T | | | | |
|---|-------------------------------|---|--|-----------------|---|--|------------------------|--|--|
| DATE | CUSTOMER# | WELI | NAME & NUM | BER | SECTION | TOWNSHIP | RANGE | COUNTY | |
| 1-17-13 | 5406 | Mayb | al +4 | | 25 | 105 | 246 | GIAHAM | |
| CUSTOMER | ` ' ' | | | Watern | | SAMPLE SERVER | | 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1 | |
| MAILING ADDRESS | | | | N. ROC | TRUCK# | DRIVER | TRUCK# | DRIVER | |
| MAILING ADDRESS | | | | 4 W | 463 | Jeny Y | | <u> </u> | |
| CITY STATE I | | ZIP CODE | 24.00 | 693 | THANKE | | ļ | | |
| | | JOINIE | ZIF GOOL | 7 4- | 466 | PHIL K | | | |
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| CASING DEPTH | | | | | | | OTHER | | |
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| ACCOUNT CODE | QUANITY | or UNITS | r UNITS DESCRIPTION of SERVICES or PRODUCT | | | UNIT PRICE | TOTAL | | |
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| | | | | <u> </u> | HI TAKE | William . | <u> </u> | | |
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| Ravin 3737 | | | <u> </u> | | | and the same of th | SALES TAX ESTIMATED | 421.82 | |
| | // | 1. 11 . | | • | | | TOTAL | 8 <i>322.5</i> L | |
| AUTHORIZTION | Wad | & Know | | TITLE | | | DATE | | |

l'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.