



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

KANSAS CORPORATION COMMISSION 1160139
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 # 260142

Invoice Date: 06/30/2013 Terms: 10/10/30,n/30 Page 1

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

WILLIAMS B #2
37950
28-10-20
06-28-2013
KS

USED FOR P-A
APPROVED [Signature]

Part Number	Description	Qty	Unit Price	Total
1131	60/40 POZ MIX	340.00	15.8600	5392.40
1118B	PREMIUM GEL / BENTONITE	2169.00	.2700	585.63
1105	COTTONSEED HULLS	500.00	.5800	290.00

Sublet Performed	Description	Total
9996-130	CEMENT MATERIAL DISCOUNT	-626.80
9995-130	CEMENT EQUIPMENT DISCOUNT	-257.12

Description	Hours	Unit Price	Total
463 P & A OLD WELL	1.00	875.00	875.00
463 EQUIPMENT MILEAGE (ONE WAY)	55.00	5.25	288.75
466 TON MILEAGE DELIVERY	1.00	703.72	703.72
693 TON MILEAGE DELIVERY	1.00	703.73	703.73

PAID 8001.0002.1 8310.70 PTA B#2

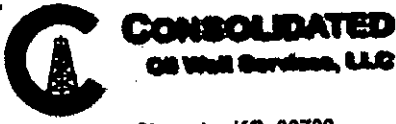
Amount Due 9234.11 if paid after 07/30/2013

Parts:	6268.03	Freight:	.00	Tax:	355.39	AR	8310.70
Labor:	.00	Misc:	.00	Total:	8310.70		
Sublt:	-883.92	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



PO Box 884, Chanute, KS 66720
620-431-9210 or 800-487-8676

260142

TICKET NUMBER 37950
LOCATION Oakley 15
FOREMAN Miles Shaw

FIELD TICKET & TREATMENT REPORT
CEMENT

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
6-28-13	5406	Williams B#2	28	10S	20W	Perks
CUSTOMER <u>Mw Fin Plus</u>			PILCO SS E.S			
MAILING ADDRESS			TRUCK #	DRIVER	TRUCK #	DRIVER
CITY			403	Core D		
STATE			683	Travis W		
ZIP CODE			766	Screay R		

JOB TYPE PTA HOLE SIZE _____ HOLE DEPTH _____ CASING SIZE & WEIGHT 5 1/2"
 CASING DEPTH 3 DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT 13.8 SLURRY VOL 1.4 WATER gal/sk _____ CEMENT LEFT IN CASING _____
 DISPLACEMENT _____ DISPLACEMENT PSI _____ MIX PSI _____ RATE _____

REMARKS: Safety meeting ending up on Martin drilling plus as ordered
1st plug 1000 # gel with 50 S/S last year 48 gal with 100 # hulls
2nd plug 125 S/S with 200 # hulls
3rd plug 115 S/S with 200 # hulls cement did circulate
pumped 500 S/S down casing 85 gal pushed cement out casing
340 S/S 60/40 per 48 gal total

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5405A	1	PUMP CHARGE	875.00	875.00
5406	55	MILEAGE	5.25	288.75
5407A	14.02 TONS	Ton Mileage delivery	1.75	14074.5
1131	340 S/S	60/40 per	15.86	5392.40
1118B	2169	Bentonite	.27	585.63
1105	500 #	Cotton seed hulls	.58	290.00
			Subtotal	8839.23
			less 108 d.s. count	883.92
			Subtotal	7955.31
			SALES TAX	355.39
			ESTIMATED TOTAL	8310.70

completed

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.