



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

KANSAS CORPORATION COMMISSION 1160148
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

Accty _____

cc: WF

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 # 260059

Invoice Date: 06/28/2013 Terms: 10/10/30, n/30 Page 1

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

USED FOR PA
APPROVED [Signature]

WILLIAMS B-4
40043
28-10-20
06-27-2013
KS

Part Number	Description	Qty	Unit Price	Total
1131	60/40 POZ MIX	320.00	15.8600	5075.20
1118B	PREMIUM GEL / BENTONITE	1101.00	.2700	297.27
1105	COTTONSEED HULLS	100.00	.5800	58.00

Sublet Performed	Description	Total
9996-130	CEMENT MATERIAL DISCOUNT	-543.05
9995-130	CEMENT EQUIPMENT DISCOUNT	-249.20

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	664.12	664.12
693 TON MILEAGE DELIVERY	1.00	664.13	664.13

PAID 8601.0004.1 7438.13 PTA B#4

Amount Due 8264.59 if paid after 07/28/2013

Parts:	5430.47	Freight:	.00	Tax:	307.91	AR	7438.13
Labor:	.00	Misc:	.00	Total:	7438.13		
Sublt:	-792.25	Supplies:	.00	Change:	.00		

Signed _____ Date _____

BARTLESVILLE, OK 918/338-0808 EL DORADO, KS 318/322-7022 EUREKA, KS 620/593-7664 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, LLC260059TICKET NUMBER 40043
LOCATION Oakley ks
FOREMAN FuzzyPO Box 884, Chanute, KS 66720
620-431-9210 or 800-467-8676**FIELD TICKET & TREATMENT REPORT
CEMENT**

Ks

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
6-27-13	5406	Williams B-4	28	10S	20W	ROCKY
CUSTOMER <u>Shurco Dals</u>			TRUCK #		DRIVER	
MAILING ADDRESS			463	Cory D		
CITY STATE ZIP CODE			693	TRAVIS W		
			466	Jordan L.		

JOB TYPE <u>AWP</u>	HOLE SIZE _____	HOLE DEPTH _____	CASING SIZE & WEIGHT <u>5 1/2</u>
CASING DEPTH _____	DRILL PIPE _____	TUBING <u>2 3/8</u>	OTHER _____
SLURRY WEIGHT _____	SLURRY VOL _____	WATER gal/sk _____	CEMENT LEFT IN CASING _____
DISPLACEMENT _____	DISPLACEMENT PSI _____	MIX PSI _____	RATE _____

REMARKS: Safety meeting on morning workout. Rig up and plus
As ordered.1200* gal followed by 50SKS cement w/100+hulls @ 3610'
Circ to surface from 2090' with 225SKS cement. Top off
5 1/2 casing with 35SKS cement. Pump 10SKS down B side
press to 200*320SKS 60/40 49 gal and 100* Cottonseed Hulls TotalThanks Fuzzy & Crew

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	13.8	Tow mileage Delivery	1.25	1328.25
1131	320 SKS	60/40 pps	15.20	5075.20
118B	1101*	Bentonite	.27	297.27
110S	100*	Cottonseed hulls	.58	58.00
		subtotal		7922.42
		less 1090		7922.25
		subtotal		7130.02
			SALES TAX	307.91
			ESTIMATED TOTAL	7438.13

Completed

Flavin 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.