



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

**KANSAS CORPORATION COMMISSION 1161257**  
**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

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

**INVOICE**

Invoice # 261873

Invoice Date: 08/31/2013 Terms: 10/10/30,n/30

Page 1

SANDRIDGE ENERGY INC  
123 ROBERT S KERR AVENUE  
P.O. BOX 1748  
OKLAHOMA CITY OK 73102  
(405)429-5500

PAMELA 2330, 1-34  
44297  
34-23S-30W  
08-29-2013  
KS

Part Number	Description	Qty	Unit Price	Total
1131	60/40 POZ MIX	230.00	15.8600	3647.80
1118B	PREMIUM GEL / BENTONITE	792.00	.2700	213.84
1107	FLO-SEAL (25#)	58.00	2.9700	172.26

Sublet Performed	Description	Total
9996-130	CEMENT MATERIAL DISCOUNT	-403.39
9995-130	CEMENT EQUIPMENT DISCOUNT	-272.92

Description	Hours	Unit Price	Total
399 CEMENT PUMP (SURFACE)	1.00	1150.00	1150.00
399 EQUIPMENT MILEAGE (ONE WAY)	70.00	5.25	367.50
529 TON MILEAGE DELIVERY	1.00	1211.70	1211.70

Amount Due 7057.58 if paid after 09/30/2013

Parts:	4033.90	Freight:	.00	Tax:	265.03	AR	6351.82
Labor:	.00	Misc:	.00	Total:	6351.82		
Sublt:	-676.31	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



**CONSOLIDATED**  
Oil Well Services, LLC

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

261873

TICKET NUMBER 44297

LOCATION Oakley, KS

FOREMAN Walt Dunkel

Damon Miller (Trainee)

**FIELD TICKET & TREATMENT REPORT**  
**CEMENT**

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
8-29-13	7373	Pamela 2330, 1-34	34	23 <sup>s</sup>	30 W	Furness
MAILING ADDRESS			TRUCK #	DRIVER	TRUCK #	DRIVER
Sand Ridge Energy			399	Dane Retzlaff		
6 Garden City			529	Tim Waseham		
17 W				Dustin Johnson		
2 1/2 S						
2 1/2 W						
CITY	STATE	ZIP CODE				

JOB TYPE OH P HOLE SIZE \_\_\_\_\_ HOLE DEPTH \_\_\_\_\_ CASING SIZE & WEIGHT 5 1/2"  
 CASING DEPTH \_\_\_\_\_ DRILL PIPE \_\_\_\_\_ TUBING 2 7/8 OTHER 2057-958'  
 SLURRY WEIGHT 14.2 SLURRY VOL \_\_\_\_\_ WATER gal/sk \_\_\_\_\_ CEMENT LEFT IN CASING \_\_\_\_\_  
 DISPLACEMENT \_\_\_\_\_ DISPLACEMENT PSI \_\_\_\_\_ MIX PSI \_\_\_\_\_ RATE 4-5 BPM

REMARKS: Safety Meeting, rig up equipment, Pump 13 BBL water ahead mixed 100 sks 60/40 per, 4% gel, 1/4" Flo-Seal, Displace 5 BBL water. Pull tubing to 958' Pumped 5 BBL ahead, mixed 100 sks 60/40 per, 4% gel, 1/4" Flo-Seal, Displace 2 BBL water, circ cement to surface. Hook up to Annulus, 20 sks pressure to 500#. Top off well w/ 10 sks, ~~set~~

Total of 230 sks 60/40 per 4% gel 1/4" Flo Seal

Thank You  
Walt (Corp.)

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
54015	1	PUMP CHARGE	1,150.00	1,150.00
5406	70	MILEAGE	5.25	367.50
1131	230 - SKS	60/40 per	15.86	3,647.80
1183	792 #	Bentamite	1.27	2,133.84
1107	58 #	Flo-Seal	2.97	1,722.66
5407A	9.89	Tan Mileage Delivery	1.25	1,236.25
				6,763.10
		Less 10% Disc.		- 676.31
				6,086.79
				265.03
				6,351.82

Revin 3737

AUTHORIZATION [Signature] TITLE \_\_\_\_\_

SALES TAX ESTIMATED TOTAL 6,351.82  
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.