



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

KANSAS CORPORATION COMMISSION 1161753
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

257995

TICKET NUMBER 41784
LOCATION Ottawa
FOREMAN Alan Mader

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

FIELD TICKET & TREATMENT REPORT
CEMENT

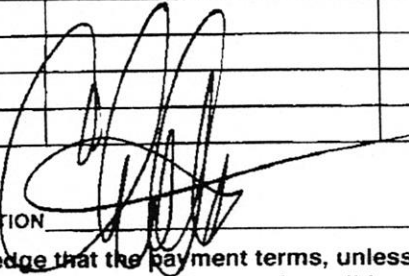
DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY			
4-9-13	7448	Gutterman KR-E33	NE 19	15	22	30			
CUSTOMER Kansas Resources E&D		TRUCK #		DRIVER		TRUCK #		DRIVER	
MAILING ADDRESS 9393 W 110th		516		Ala Mad		Safety Meet			
CITY Overland Park		368		Ala Mad		AM			
STATE KS		370		Kei Car		KL			
ZIP CODE 66210		510		Set Tuc		ST			
JOB TYPE	long string	HOLE SIZE	5 5/8	HOLE DEPTH	946	CASING SIZE & WEIGHT	2 7/8		
CASING DEPTH	931	DRILL PIPE		TUBING		OTHER			
SLURRY WEIGHT		SLURRY VOL		WATER gal/sk		CEMENT LEFT in CASING	oh yes!		
DISPLACEMENT	5.4	DISPLACEMENT PSI	1800	MIX PSI	200	RATE	4 bpm		
REMARKS: Held meeting, Hooked to casing. Established rate. Mixed & pumped 100# gel followed by 132 sk 50/50 cement plus 290 gel & 1/2# Pheno seal. Circulated cement. Flushed pump. Started to pump 2 plugs, well flushed with app. 1/2 bbl water in casing. Well held 1800 PST.									

Evans, Mitchell

Alan Mader

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL	
3401	1	PUMP CHARGE	368	1030.00	
3406	30	MILEAGE	368	120.00	
3402	931	casing footage	368		
5407A	170.28	ten miles	510	228.18	
5502C	2	80 val	370	180.00	
1124	132	50/50 cement		1445.40	
1118B	322#	gel		67.62	
1107A	66	Pheno seal		85.14	
4402	2	2 1/2 plugs		56.00	
				SALES TAX	124.48
				ESTIMATED TOTAL	3336.82

completed

AUTHORIZATION  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