



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

KANSAS CORPORATION COMMISSION 1162557
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.

(Print Name) Employee of Operator or Operator on above-described well,

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 # 252576

Invoice Date: 08/31/2012 Terms: 10/10/30,n/30 Page 1

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

SUTOR
~~SUTOR~~ A-21 ✓
37086
1-10-20
08-30-2012
KS

Part Number	Description	Qty	Unit Price	Total
1131	60/40 POZ MIX	535.00	15.1000	8078.50
1118B	PREMIUM GEL / BENTONITE	1840.00	.2500	460.00
1105	COTTONSEED HULLS	600.00	.5500	330.00

Sublet Performed	Description	Total
9996-130	CEMENT MATERIAL DISCOUNT	-886.85
9995-130	CEMENT EQUIPMENT DISCOUNT	-278.85

	Description	Hours	Unit Price	Total
463	P & A OLD WELL	1.00	835.00	835.00
463	EQUIPMENT MILEAGE (ONE WAY)	45.00	5.00	225.00
529	TON MILEAGE DELIVERY	1.00	1728.45	1728.45

USED FOR PA
APPROVED [Signature]

PA101 7272.0010.1 10994.10 PTA A#21

Amount Due 12215.67 if paid after 09/30/2012

Parts:	8868.50	Freight:	.00	Tax:	502.85	AR	10994.10
Labor:	.00	Misc:	.00	Total:	10994.10		
Sublt:	-1165.70	Supplies:	.00	Change:	.00		

Signed _____ Date _____



CONSOLIDATED
Oil Well Services, LLC

TICKET NUMBER 37086

LOCATION Oakley

FOREMAN Fuzzy
miles S.

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
8.30.12	5406	Sutra A-21	1	105	20w	Roofs
CUSTOMER			TRUCK #			
Mailing Address			DRIVER			
CITY			TRUCK #			
STATE			DRIVER			
ZIP CODE			TRUCK #			

Palco east rd rd 7 13145 W.W

JOB TYPE AWP HOLE SIZE _____ HOLE DEPTH _____ CASING SIZE & WEIGHT 5 1/2
 CASING DEPTH _____ DRILL PIPE _____ TUBING 23 1/8 @ 3300 OTHER _____
 SLURRY WEIGHT 14.1 SLURRY VOL 1.40 WATER gal/sk 6.7 CEMENT LEFT IN CASING _____
 DISPLACEMENT _____ DISPLACEMENT PSI _____ MIX PSI _____ RATE _____

REMARKS: Safety meeting on Fritzier Workout. Rig up and plus as ordered. lead hole to establish circulation
125 sks cement w/ 200* hulls @ 3300'
125 sks cement w/ 200* hulls @ 2168'
225 sks cement w/ 200* hulls @ circ to surface
Top 28 5 1/2 casing with 40 sks
S. U. B-side with 20 sks @ 300'
Total 535 sks 60/40 pos 4% gel

THANKS TOZZY & CREW

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5405A	1	PUMP CHARGE	835.00	835.00
5406	45	MILEAGE	5.00	225.00
5407A	23 TON	Ton Mileage Delivery	1.62	1728.43
1131	535 sks	60/40 pos	15.10	8078.50
1118 B	1840*	Bentonite	.25	460.00
1105	600*	Colony seed hulls	.55	330.00
		Subtotal		11656.93
		less 10%		1165.70
		Subtotal		10491.23
		SALES TAX		502.85
		ESTIMATED TOTAL		10994.10

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.

252576