



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

KANSAS CORPORATION COMMISSION 1169182
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 # 260836

Invoice Date: 07/24/2013 Terms: 10/10/30,n/30

Page 1

CULBREATH OIL & GAS CO.INC
1532 S. PEORIA AVE
TULSA OK 74120
(918)749-3508

KAISER 1-8
37988
8-10-26
07-23-2013
KS

Part Number	Description	Qty	Unit Price	Total
1131	60/40 POZ MIX	220.00	15.8600	3489.20
1118B	PREMIUM GEL / BENTONITE	756.00	.2700	204.12
1107	FLO-SEAL (25#)	55.00	2.9700	163.35
4432	8 5/8" WOODEN PLUG	1.00	100.7500	100.75

Sublet Performed	Description	Total
9996-130	CEMENT MATERIAL DISCOUNT	-395.74
9995-130	CEMENT EQUIPMENT DISCOUNT	-215.82

Description	Hours	Unit Price	Total
456 P & A NEW WELL	1.00	1395.00	1395.00
456 EQUIPMENT MILEAGE (ONE WAY)	35.00	5.25	183.75
460 TON MILEAGE DELIVERY	1.00	579.43	579.43

Amount Due 6438.13 if paid after 08/23/2013

Parts:	3957.42	Freight:	.00	Tax:	290.28	AR	5794.32
Labor:	.00	Misc:	.00	Total:	5794.32		
Sublt:	-611.56	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

260836

TICKET NUMBER 37988
LOCATION Oakley Ks
FOREMAN Jerry Y (trainee)

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

FIELD TICKET & TREATMENT REPORT
CEMENT

Kansas

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
7-23-13	2777	Kaiser 1-8	8	10	26W	Sheldon
CUSTOMER <u>Calbreath</u>			QUISTER # <u>101305</u>			
MAILING ADDRESS			EIN # <u>16010</u>			
CITY			TRUCK #	DRIVER	TRUCK #	DRIVER
			<u>456</u>	<u>Dane R</u>		
			<u>460</u>	<u>Tim W</u>		
STATE			ZIP CODE			

JOB TYPE PTA HOLE SIZE 7 7/8 HOLE DEPTH _____ CASING SIZE & WEIGHT _____
 CASING DEPTH _____ DRILL PIPE 4 1/2 TUBING _____ OTHER _____
 SLURRY WEIGHT 13.8 SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING _____
 DISPLACEMENT _____ DISPLACEMENT PSI _____ MIX PSI _____ RATE _____

REMARKS: safety meeting and rig up on Duke 10 and plugs ordered 220sks of 60/40 poz
4% gel 1/4" per sack flo seal
25sks @ 2205
100sks @ 1340
40sks @ 272
10sks @ 40' with wooden plug
15sks mh + 30sks rh

Thank
Jerry + Crew

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5405N	1	PUMP CHARGE	1395. ⁰⁰	1395. ⁰⁰
5406	35	MILEAGE	5. ²⁵	183. ⁷⁵
5407A	9.46	ton mileage delivery	1. ⁷⁵	579. ⁴³
1131	220 sks	60/40 poz mix	15. ⁸⁶	3489. ⁰⁰
1118B	756 #	bentonite	.27	204. ¹²
1107	55 #	flo seal	2.92	1603. ²⁵
4432	1	8 5/8 wooden plug	100. ⁷⁵	100. ⁷⁵
			subtotal	6115. ⁶⁰
			less 10% disc.	611. ⁵⁶
			subtotal	5504. ⁰⁴
			SALES TAX	290. ²⁸
			ESTIMATED TOTAL	5794. ³²

completed

AUTHORIZATION Scott Edwards TITLE Tool Box # 10 DATE 7-23-2013

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 for