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

KANSAS CORPORATION COMMISSION

OIL & GAS CONSERVATION DIVISION

1169322

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 #:	API No. 15
Name:	Spot Description:
Address 1:	Sec Twp S. R East West
Address 2:	Feet from North / South Line of Section
City: State: Zip: +	Feet from East / West Line of Section
Contact Person:	Footages Calculated from Nearest Outside Section Corner:
Phone: ()	NE NW SE SW
Type of Well: (Check one) Oil Well Gas Well OG D&A Cathodic Water Supply Well Other: SWD Permit #: SWD Permit #: SWD Permit #: ENHR Permit #: Gas Storage Permit #: Gas Storage Permit #: SWD Permit #: SWD 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.	County: Well #: Well #: Date Well Completed: The plugging proposal was approved on: (Date) by: (KCC District Agent's Name) Plugging Commenced: Plugging Completed: Plugging
Depth to Top: Bottom: T.D	

Show depth and thickness of all water, oil and gas formations.

Oil, Gas or Water Records		Casing Record (Surface, Conductor & Production)		tion)	
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:	Address 2:				
City:		State:	Zip:	+			
Phone: ()							
Name of Party Responsible for Plugg	ing Fees:						
State of	County,	, SS.					
	(Print Name)	Employee of Operator	or Operator on a	bove-described well,			
boing first duly sworp on oath save: T	That I have knowledge of the facts	statements and matters herein contained and the log	a of the above-describe	d well is as filed and			

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

11/8/2013

CEMENT FIELD TICKET AND TREATMENT REPORT

	Cava Energy Services services Inc.	State, County	Montgomery, Kansas	Cement Type		CLASS A
ob Type	Plug	Section	, inclugion of , included	Excess (%)	1	30%
Customer Acct #		TWP		Density	 	13.8
Vell No.	Wiley SWD #1	RGE		Water Required		8.44
Aailing Address	,	Formation		Yeild		1.64
City & State		Tubing	2 3/8	Sacks of Cement		130
Lip Code		Drill Pipe	2 5/0	Slurry Volume		37.9
Contact			41/2.0.5%			
	·	Casing Size	41/2 9.5#	Displacement		1/1/.25
Email		Hole Size		Displacement PSI		
Cell	5	Casing Depth	1736	MIX PSI		500/300/200
Dispatch Location	BARTLESVILLE	Hole Depth		Rate		3
ode	Cement Pump Charges and Mileage	Quantity	Unit	Price per Unit	S. S. L. S. L.	
5405N	P & A NEW WELLS (2 HOURS MAX.)	1	2 HRS MAX	\$1,085.00	\$	1,085.0
5406	EQUIPMENT MILEAGE (ONE-WAY)	40	PER MILE	\$4.20	\$	
5407	MIN. BULK DELIVERY (WITHIN 50 MILES)	1		\$368.00		168.0
0	WIN BOLK DELIVERT (WITTIN 30 WILES)		PER LOAD		\$	368.0
0	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~		0	\$0.00	\$	
0			0	\$0.00	\$	Contract Contra-
			0	\$0.00	\$	
0			0	\$0.00	\$	-
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	Cement, Chemicals and Water	and the second sec		Constanting the states	Sec. and	
1104S	CLASS A CEMENT (SALES) BLEND(SK)	130	0	\$15.70	\$	2,041.0
1118B	PREMIUM GEL/BENTONITE (50#)	600	0	\$0.22	\$ \$	
1107A	PHENOSEAL	80	0	\$1.35		132.0
1123	CITY WATER (PER 1000 GAL)	3.3	0		\$	108.0
1123 1107A				\$17.30	\$	57.0
The state of the s	PHENOSEAL	40	0	\$1.35	\$	54.0
0			0	\$0.00	\$	-
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		and the local sector of the		CHEMICAL TOTAL	\$	2,392.0
	Water Transport					2,002.0
5502C	80 BBL VACUUM TRUCK (CEMENT)	3.5	BL VACUUM TRUCK (CEN	£100.00		050 (
0		5.5			\$	350.0
0			0	\$0.00	\$	-
0	1		0	\$0.00	\$	-
				RANSPORT TOTAL	\$	350.0
and the second	Cement Floating Equipment (TAXABLE)					
	Cement Basket					
0			0	\$0.00	\$	
	Centralizer					
0						and the second
0		and the second se	0	\$0.00	\$	
		•	0	\$0.00	\$	
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I ACKNOWLEDGE THAT THE PAYMENT TERMS, UNLESS SPECIFICALLY AMENDED IN WRITING ON THE FRONT OF THE FORM OR IN THE STOMER'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.

DATE