



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

KANSAS CORPORATION COMMISSION 1169962
 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 # 240933

Invoice Date: 04/28/2011 Terms: 0/0/30,n/30

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CARMEN SCHMITT, INC.
P.O. BOX 47 (915 HARRISON)
GREAT BEND KS 57530
(620)793-5100

GW VAN EATON 1-15
30748
15-12-34
4-24-11
KS

Part Number	Description	Qty	Unit Price	Total
1131	60/40 POZ MIX	220.00	14.3500	3157.00
1118B	PREMIUM GEL / BENTONITE	757.00	.2400	181.68
1107	FLO-SEAL (25#)	55.00	2.6600	146.30

Sublet Performed	Description	Total
9999-130	CASH DISCOUNT	-522.75
9999-130	CASH DISCOUNT	-264.00

Description	Hours	Unit Price	Total
463 P & A NEW WELL	1.00	1250.00	1250.00
463 EQUIPMENT MILEAGE (ONE WAY)	20.00	5.00	100.00
558 MIN. BULK DELIVERY	1.00	410.00	410.00

Parts:	3484.98	Freight:	.00	Tax:	231.06	AR	4689.29
Labor:	.00	Misc:	.00	Total:	4689.29		
Sublt:	-786.75	Supplies:	.00	Change:	.00		

Signed _____ Date _____



CONSOLIDATED
Oil Well Services, LLC

TICKET NUMBER 30748
LOCATION Oakley
FOREMAN Fuzzz

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
4-24-11	1860	G.W VAN EADON 1-15	15	12s	34w	Logan

CUSTOMER
Carmen Schmitt

MAILING ADDRESS

CITY STATE ZIP CODE

TRUCK #	DRIVER	TRUCK #	DRIVER
463	Milos S		
558	Kelly G.		

JOB TYPE PTA HOLE SIZE 5 7/8 HOLE DEPTH 4870' CASING SIZE & WEIGHT _____

CASING DEPTH _____ DRILL PIPE 4 1/2 TUBING _____ OTHER _____

SLURRY 14.1 SLURRY VOL 1.40 WATER gal/sk 6.7 CEMENT LEFT In CASING _____

DISPLACEMENT _____ DISPLACEMENT PSI _____ MIX PSI _____ RATE _____

REMARKS: safety meetings on Monday # 22 -

- 25 SKS @ 2675'
- 100 SKS @ 1535'
- 40 SKS @ 275'
- 10 SKS @ 40' w/ plug
- 30 SKS RH
- 15 SKS MH

Thanks Fuzzz crew

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5405	1	PUMP CHARGE	1250.00	1250.00
5406	20	MILEAGE	5.00	100.00
1131	220	60/40 po2	14.35	3157.00
1118B	757#	Bondorite	.24	181.68
1107	55#	Flo-seal	2.66	146.70
5407	9.46	Tow mile delivery (min)	1.22	410.00
		sub total		5244.38
		15% discount		-786.75
		sub total		4458.23
		SALES TAX		231.06
		ESTIMATED TOTAL		4689.29

240933

Revin 3737

AUTHORIZATION Kelly Wilson TITLE PUSHER DATE 4-24-11

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.