



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

KANSAS CORPORATION COMMISSION 1172245
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

258507

TICKET NUMBER 41830
LOCATION Ottawa
FOREMAN Alan Mader

O 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
5-6-13	2745	McFadden #7	NE 12	26	19	AL

CUSTOMER
Ensminger Energy

MAILING ADDRESS
1446 3000 St.

CITY Morgan STATE KS ZIP CODE 66755

TRUCK #	DRIVER	TRUCK #	DRIVER
376	Ala Mad	Safety	Meest
368	Ar Mad	MM	
370	Kei Car	KC	
548	Mikhaq	MH	

JOB TYPE plug HOLE SIZE 6" HOLE DEPTH 775 CASING SIZE & WEIGHT 2"

CASING DEPTH _____ DRILL PIPE _____ TUBING 1" 775 3/4 inside

SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING yes

DISPLACEMENT _____ DISPLACEMENT PSI _____ MIX PSI _____ RATE 1 bpm

REMARKS: Held meeting. Mixed & pumped 40sk Class "A" cement plus 2% gel & 5% salt down, 1" inside of 2". Pulled 1" out & hooked to 3/4" on outside of 2". Mixed & pumped 70 sk more cement. Had circulation up inside & outside. Circulated cement to surf in & out. Left well plugged to surface.

110 sk total

Alan Mader

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5405N	1	PUMP CHARGE	368	1085.00
5406	50	MILEAGE	368	210.00
5407A	269.5	ten miles	548	380.00
5502C	2 1/2	80 vac	370	225.00
11045	110	Cement		1727.00
1118B	207#	gel		45.54
1111	238#	salt		92.82
				SALES TAX
				ESTIMATED
				TOTAL

Engr

completed

SALES TAX 140.84
ESTIMATED TOTAL 3906.20

Ravin 3737

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 fo