



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

KANSAS CORPORATION COMMISSION 1176761
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

TICKET NUMBER 44434

LOCATION Corkley, KS

FOREMAN Jerry Y

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
11-26-13	5020	Simpson 1833 1-2	2	18S	33W	Scott
CUSTOMER <u>Titan Well Service</u>			TRUCK # DRIVER TRUCK # DRIVER			
MAILING ADDRESS			463 Tim W			
CITY			463 466 Jeremy R			
STATE						
ZIP CODE						

JOB TYPE PTA HOLE SIZE _____ HOLE DEPTH _____ CASING SIZE & WEIGHT 5 1/2 15.5
 CASING DEPTH _____ DRILL PIPE _____ TUBING 2 7/8 OTHER PTB @ 4200'
 SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING _____
 DISPLACEMENT _____ DISPLACEMENT PSI _____ MIX PSI _____ RATE _____

REMARKS: Safety meeting assigned on Titan Well Service plug as ordered retainers set @ 2125' mixed 50 sks (35 below retainers 15 string out) @ 1500' mixed 50 sks below. Loc. to 1290 mixed 50 sks @ 655' mixed 50 sks @ 60' circulating cement to surface

total 200 sks 60/40 per 4% gel 1/4" @ 650'

*Thank you
Jerry Y Office*

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE	1395 ⁰⁰	1395 ⁰⁰
5406	50	MILEAGE	525	26250
5417A	8.6	ton mileage delivery	1.75	15075 ⁰⁰
1131	200	10/40 per mix	15.36	3072 ⁰⁰
1136	688 #	bentonite gel	.27	18576
1107	50 #	flc seal	2.92	1460 ⁰⁰
5404	4 hrs	personal on standby x3	110 ⁰⁰	440 ⁰⁰
			subtotal	72362 ⁶⁰
			less 10% disc	72362 ⁶⁰
			subtotal	65126 ⁴⁰
			SALES TAX	
			ESTIMATED	
			TOTAL	

Ravin 3737

AUTHORIZATION A. W. Smith 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.