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** 

1176761

March 2009 Type or Print on this Form Form must be Signed All blanks must be Filled

Form CP-4

## WELL PLUGGING RECORD K.A.R. 82-3-117

Address 1:	ulated from Nearest Outside Section Corner:
Address 2:	Feet from North / South Line of Section Feet from East / West Line of Section sulated from Nearest Outside Section Corner:
City:	Feet from East / West Line of Section
Contact Person:	ulated from Nearest Outside Section Corner:
Phone: ( )	
Type of Well: (Check one)    Oil Well    Gas Well    OG    D&A    Cathodic      Water Supply Well    Other:    SWD Permit #:    Lease Name:      ENHR Permit #:    Gas Storage Permit #:    Date Well Con      Is ACO-1 filed?    Yes    No    If not, is well log attached?    Yes    No	
Water Supply Well    Other:    SWD Permit #:    Lease Name:      ENHR Permit #:    Gas Storage Permit #:    Date Well Cor      Is ACO-1 filed?    Yes    No    If not, is well log attached?    Yes    No	NE NW SE SW
Producing Formation(s): List All (If needed attach another sheet)    by:	Well #: npleted: proposal was approved on: ( <i>Date</i> ) (KCC <b>District</b> Agent's Name)

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:		
City:		State:	Zip:	+
Phone: ( )				
Name of Party Responsible for Plug	gging Fees:			
State of	County,	, SS.		
	(Print Name)		or or Operator on abo	
haing first duly sugars an asthe says	That I have be availed as a fith a factor	statements, and matters barain contained, and the l	on of the chour departhed	wall in an 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

CONSOLIDA Oil Well Service PO Box 834, Chanute, KS 667	es, llc 20	ET & TREAT		TICKET NUMB LOCATION FOREMAN PORT	er 441 Ockley Seily	436 <u></u> <u>Kr</u>
620-431-9210 or 800-467-8676	WELL NAME & N		SECTION	TOWNSHIP	RANGE	COUNTY
			2	185	330	Secit
CUSTOMER	Simpson 19	ScottCity		, 03	Juw	<u>Second</u>
Titan U	hell Service	N 40170	TRUCK #	DRIVER	TRUCK #	DRIVER
MAILING ADDRESS		IW.	46.3	Tim W		-
		Ninto	693	Jeremy 5		
CITY	STATE ZIP CODE					
	2 2					
JOB TYPE PTA	HOLE SIZE	HOLE DEPTH		CASING SIZE & W	EIGHT 51/2	15.5
CASING DEPTH	DRILL PIPE	TUBING	17/8		OTHER	
SLURRY WEIGHT	SLURRY VOL	WATER gal/sl	<	CEMENT LEFT in	CASING	
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ACCOUNT CODE	QUANITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
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			244110122	
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			SALES TAX	
Ravin 3737	A	)	ESTIMATED TOTAL	3
AUTHORIZTION	Hamis One	7 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.

Les Les	OLIDATED Services, LLC			TICKET NUME LOCATION FOREMAN	BER 44	. <u>434</u> _ <u>Ks</u>
O Box 884, Chanute, h	KS 66720 FI	ELD TICKET & TRE	ATMENT REP		Serig 1	r
20-431-9210 or 800-4		CEME	NT			Kr
DATE CUSTO		LL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
11-20-13 502	O Simps	on 1833 1-2	2	185	33.4	Scatt
USTOMER 714	lan I dell S.	Scott Cit	TRUCK #	DRIVER	TRUCK #	DRIVER
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		Ninto	togs 416	Lecon R		
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ACCOUNT QU CODE	JANITY or UNITS		of SERVICES or PRC	And Kye Joriya	UNIT PRICE	TOTAL
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		DESCRIPTION	7	And Kye Joriya	0 ( 7 ( UNIT PRICE 1 3 7 5 <sup>44</sup> 5 2 5	TOTAL 1.3.75 21.750
	JANITY or UNITS	DESCRIPTION PUMP CHARGE	of SERVICES or PRO	And Kye Joriya		1.375
CODE QU 5467 5467 5477 A	JANITY or UNITS	DESCRIPTION PUMP CHARGE MILEAGE for mileage	of SERVICES or PRO	And Kye Joriya	139599 525 1,75	1.3.75 21.25 7.5.25
CODE QU 5401 5406	JANITY or UNITS	DESCRIPTION PUMP CHARGE MILEAGE for mileage	of SERVICES or PRO	And Kye Joriya	139599 525 1.75 1535	1.375 21.25 2.5.25 31.7.20
CODE QU 5401 466 477.A 1131	JANITY or UNITS	DESCRIPTION PUMP CHARGE MILEAGE ton milrage (C/4/C)cz m bentonite gel	of SERVICES or PRO	And Kye Joriya	13959 525 1.75 1536 .37	1375 21,252 25,255 31,7,25 1,8576
CODE QU 5401 5406 5406 54107.A 1131 1136	JANITY or UNITS	DESCRIPTION PUMP CHARGE MILEAGE for mileage	of SERVICES or PRO	And Kye Joriya	139599 525 1.75 1535	1375 21,252 7.5,25 31,7,20 1,8576
CODE      QU        5401	JANITY or UNITS 1 57) 8.6 200 588 50 4 50 4	DESCRIPTION PUMP CHARGE MILEAGE MILEAGE ton mileage toc /stopcz m bentonite get flesser/	of SERVICES or PRO	And Kye Joriya	1.395 <sup>22</sup> 5.25 1.75 1.5 <u>36</u> . <u>37</u> 2. <u>17</u>	1375 21252 2525 31726 18576 1485
CODE      QU        5401	JANITY or UNITS	DESCRIPTION PUMP CHARGE MILEAGE ton milrage (C/4/C)cz m bentonite gel	of SERVICES or PRO	And Kye Joriya	13959 525 1.75 1536 .37	1375 21.25 25.25 31.7.19 1.8576 1485 :
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CODE      QU        5401	JANITY or UNITS 1 57) 8.6 200 288 50 4 50 4	DESCRIPTION PUMP CHARGE MILEAGE MILEAGE ton mileage toc /stopcz m bentonite get flesser/	of SERVICES or PRO	And ye	1.3959 525 1.75 1.53 .27 2.17 1.05 2.17 1.05 	1375 2125 2125 2525 13576 1485 1320 72362 72362 72362 72362
CODE      QU        5401	JANITY or UNITS 1 57) 8.6 200 288 50 4 50 4	DESCRIPTION PUMP CHARGE MILEAGE MILEAGE ton mileage toc /stopcz m bentonite get flesser/	of SERVICES or PRO	And ye	1.395° 525 1.75 1.53 .27 2.12 110°	1395 21,25 21,25 25,25 31,7,20 18576 18576 14,852 13,200 72,3624
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