



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

KANSAS CORPORATION COMMISSION 1178464
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

TICKET NUMBER 33966
LOCATION O-Hay
FOREMAN Fuzzy

PO Box 884, Chanute, KS 66720
620-431-9210 or 800-467-8676

FIELD TICKET & TREATMENT REPORT
CEMENT

KS

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
6-4-12	2582	Seltman 1-24	24	19	20	Rush
CUSTOMER Cholla Productions			NeKoma			
MAILING ADDRESS			TRUCK #	DRIVER	TRUCK #	DRIVER
CITY			2w- Ka 160	463	Cory D	
STATE			5-RW	528-T127	Thomas B	
ZIP CODE			3/4 w			
			1/2 w			
			2 w			

JOB TYPE Surface HOLE SIZE 12 1/4 HOLE DEPTH 604 CASING SIZE & WEIGHT 8 5/8
CASING DEPTH 604 DRILL PIPE _____ TUBING _____ OTHER _____
SLURRY WEIGHT 12.5-14.7 SLURRY VOL 1.87-1.36 WATER gal/sk _____ CEMENT LEFT in CASING 42 1/2
DISPLACEMENT 35.7 DISPLACEMENT PSI _____ MIX PSI _____ RATE _____

REMARKS: Safety meeting on w-w #12 rig up and circulate
Cont - middle of shoe JT Top JT #6. Mix 200 sacks 65/35 690 gal
390cc 1/4" Flo-seal Tail with 150 Com 390cc, 290 gal. Drop plug
and displace 35 3/4 to Baffle Plate. 300' lift land @ 500' Cement
did circulate approx 25 BBL to pit.

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401e	1	PUMP CHARGE	1325.00	1325.00
5406	30	MILEAGE	5.00	150.00
5407	15.7 ton	Ton mileage Delivery	167	786.57
11045	150	Class A cement	17.65	2647.50
1127A	200	65/35 pos	15.20	3040.00
1102	945#	Calcium chloride	1.89	841.05
1118B	1326#	Bentonite	1.25	331.50
1107	50#	Flo-seal	2.82	141.00
4432	1	8 5/8 plus	96.00	96.00
4132	2	8 5/8 - Centralizers	82.00	164.00
4232	1	8 5/8 - Baffle Plate	110.00	110.00
		Subtotal		9632.62
		less 1090		963.27
		Subtotal		8669.35
		SALES TAX		417.93

COMPLETED

Revin 3737

AUTHORIZATION [Signature] TITLE 250306 DATE 6-6-12
ESTIMATED TOTAL 9087.28

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.

