



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

KANSAS CORPORATION COMMISSION 1186754
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

264102

TICKET NUMBER 44433

LOCATION Oakley, KS

FOREMAN Jerry Y

PO Box 854, 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
11-15-13	5020	Joyce Trust 2132 1-11	11	21S	32W	Frigney
CUSTOMER <u>Titan Well Service / CWS</u>						
MAILING ADDRESS <u>PO Box 340</u>						
CITY <u>Dover</u>						
STATE <u>OK</u>						
ZIP CODE <u>73734</u>						
WIRELINE <u>Wireline, Inc.</u>						
SCOTT CITY <u>South to Friend Rd 3 3/4 mi E 1/4 S, E into</u>						
TRUCK #	DRIVER	TRUCK #	DRIVER			
<u>399</u>	<u>Jordan L</u>					
<u>460</u>	<u>Jake H</u>					
<u>assist</u>	<u>Lance R</u>					

JOB TYPE PTA HOLE SIZE _____ HOLE DEPTH _____ CASING SIZE & WEIGHT 5 1/2 217# / 85%
 CASING DEPTH _____ DRILL PIPE _____ TUBING 2 7/8 OTHER 5 1/2 2100', 8 5/8 1920'
 SLURRY WEIGHT 13.2 SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING _____
 DISPLACEMENT _____ DISPLACEMENT PSI _____ MIX PSI _____ RATE _____

REMARKS: Safety meeting & rig up on well head 2" tubing set at 2100' pump total cap. 4" and got returns top it mixed 2.5 sks 60/40 poz 4% gel 1/4" flo seal bringing T.O.C. to 1700' mix 40 sks @ 1500' mix 50 sks @ 710' mix 35 sks @ 60' & 5 1/2 rubber plug + spillover into 8 5/8 and topped off 6' out of tub

150 sks total 60/40 4% gel 1/4" flo seal

Thank you
Jerry & crew

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5405N	1	PUMP CHARGE	1395 ⁰⁰	1395 ⁰⁰
5406	50	MILEAGE	5.25	262.50
5407A	6.45	ton mileage delivery	1.25	564.50
1131	150 sks	60/40 poz mix	15.86	2379 ⁰⁰
1176	516 #	gel	.27	139.32
1107	38 #	flo seal	2.97	112.86
1105	300 #	Cotton seed hulls	.58	174 ⁰⁰
5401	Thrs	waiting time 3 hrs @ 110 per man hr	330 ⁰⁰	2310 ⁰⁰
1111	100 #	seal	NC	NC
			Subtotal	7337.18
			less 10% disc	733.72
			Subtotal	6603.46
			SALES TAX	184.30
			ESTIMATED TOTAL	6787.76

completed

Ravin 3737

AUTHORIZATION ANTHONY 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.