

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

the same are true and correct, so help me God.

KANSAS CORPORATION COMMISSION OIL & GAS CONSERVATION DIVISION

1100397

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 #:			A	API No. 15						
Name:					Spot Description:					
Address 1:					Sec Twp S. R East West					
Address 2:					Feet from North / South Line of Section					
City: State: Zip: +					Feet from East / West Line of Section					
Contact Person:			F	Footages Calculated from Nearest Outside Section Corner: NE NW SE SW						
Phone: ()										
Type of Well: (Check one)	Oil Well Gas Well	OG D&A Cathod	ic C	County						
Water Supply Well	Other:	SWD Permit #:		Lease Name: Well #:						
ENHR Permit #:	Gas Sto	rage Permit #:		Date Well Completed:						
Is ACO-1 filed? Yes	No If not, is well	log attached? Yes								
Producing Formation(s): List A	All (If needed attach another	sheet)	b	y:		(KCC District Agent's Name)				
Depth to	o Top: Botto	m: T.D	_	Pluggin	na Commenced:					
Depth to	o Top: Botto	m: T.D		Plugging Commenced:						
Depth to	o Top: Botto	m:T.D	'	luggiii	ig Completed.					
Show depth and thickness of	all water, oil and gas forma	ations.								
Oil, Gas or Wate	r Records		Casing Rec	etion)						
Formation	Content	Casing	Size		Setting Depth	Pulled Out				
cement or other plugs were u	sed, state the character of	same depth placed from (bot	ttom), to (top) for ea	ach plug set.					
Plugging Contractor License #:										
Address 1:			Address 2:							
City:			S	tate:_		Zip:+				
Phone: ()										
Name of Party Responsible for	or Plugging Fees:									
State of	County, _		,	SS.						
			E	Employee of Operator or	Operator on above-described well,					

Submitted Electronically

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



REMIT TO

Consolidated Oil Well Services, LLC Dept. 970 P.O. Box 4346 Houston, TX 77210-4346

MAIN OFFICE P.O. Box 884 Chanute, KS 66720 620/431-9210 • 1-800/467-8676 Fax 620/431-0012

INVOICE Invoice # 261033 ______ Invoice Date: 07/30/2013 Terms: Page 1

KREMEIER OIL & GAS, INC 3183 US HIGHWAY 56 HERINGTON KS 67449 (785)258-2321

MIN. BULK DELIVERY

ALSPA W 10-2 42893 32-13-3E 07-23-13 KS

1.00

368.00

Part Number Description Qty Unit Price Total 1131 60/40 POZ MIX 45.00 13.1800 593.10 1118B PREMIUM GEL / BENTONITE 90.00 .2200 19.80 Description Hours Unit Price Total 1.00 500.00 446 P & A OLD WELL 500.00 446 EQUIPMENT MILEAGE (ONE WAY) .00 4.20 .00 491

______ 612.90 Freight: .00 Tax: Parts: 43.83 AR 1524.73

.00 Misc: .00 Total: Labor: 1524.73 .00 Change: .00 Sublt: .00 Supplies:

Signed Date

368.00



DATE CUSTOMER # WELL NAME & NUMBER SECTION TOWNSHIP RANGE COUNTY 7-23-13 14193 ALCAL W # 1 or 2 32 32 36 707 5 WINTOWNSHIP RANGE COUNTY WINTER REPORT OF THE PROPERTY OF THE P	PO Box 884, Ch	anute, KS 6672	.U	D TICKE	CEMEN	IMENIKEP T	UKI		
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AUTHORIZTION LO) DATE DATE		+ 0						TOTAL DATE	11.007.1

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.