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** 

1188455

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

OPERATOR: License #:	API No. 15
Name:	Spot Description:
Address 1:   Address 2:   City: State:Zip:+   Contact Person:   Phone: ( )	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:
Type of Well: (Check one) Oil Well Gas Well OG D&A Cathodic   Water Supply Well Other: SWD Permit #:	County: Well #: 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.	
	(Print Name)		or or Operator on above-described well
haing first duly sugars an asthe source The	t I have knowledge of the facto at	stamanta, and matters barain contained, and the l	an of the choice described well is as 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

CONSOLIDATED Oil Well Services, LLC	<b>REMIT TO</b> 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 # 261030  Page 1
KREMEIER OIL & GAS, INC 3183 US HIGHWAY 56 HERINGTON KS 67449 (785)258-2321	CARL #1 42891 32-13-3E 07-23-13 KS	

Part Number	Description	Qty	13.1800	Total
1131	60/40 POZ MIX	36.00		474.48
1118B	PREMIUM GEL / BENTONITE	72.00		15.84
Description	EAGE (ONE WAY)	Hours	Unit Price	Total
446 P & A OLD WELD		1.00	730.00	730.00
446 EQUIPMENT MILD		80.00	4.20	336.00
491 MIN. BULK DELD		1.00	368.00	368.00

						=======	
Parts:	490.32	Freight:	.00	Tax:	35.06	AR	1959.38
Labor:	.00	Misc:	.00	Total:	1959.38		
Sublt:	.00	Supplies:	.00	Change:	.00		
=========	=========		=========	===========	==============		

Signed						_ Date_		
BARTLESVILLE, OK	EL DORADO, KS	EUREKA, KS	PONCA CITY, OK	OAKLEY, KS	OTTAWA, KS	THAYER, KS	GILLETTE, WY	CUSHING, OK
918/338-0808	316/322-7022	620/583-7664	580/762-2303	785/672-8822	785/242-4044	620/839-5269	307/686-4914	918/225-2650

PO Box 884, Cha	nute, KS 66720	uc	DTICKET	& TREAT		TICKET NUMB LOCATION FOREMAN ORT	180	91 X form
620-431-9210 or	800-467-8676		NAME & NUME	CEMEN	SECTION	TOWNSHIP	RANGE	COUNTY
DATE	CUSTOMER #	WELL			32	13	ЗE	Moris
Z-23-13 CUSTOMER MAILING ADDRES 3183 CITY Heci-Jow JOB TYPE Plue CASING DEPTH SLURRY WEIGHT DISPLACEMENT REMARKS: S CO/40 PC 3/GCL	B H 1316 S 1316 S	Carl and ga tate tate ks ole size RILL PIPE LURRY VOL isplacement carling, pb-11	TPSI Run JII JII J	HOLE DEPTH TUBING_/ WATER gal/s MIX PSI	TRUCK # 446 491 702	DRIVER Jash Jash Jacob Casing size & V CEMENT LEFT in RATE DJ MJ	TRUCK #	DRIVER
	QUANITY o	or UNITS		a second a s	of SERVICES or P	RODUCT	UNIT PRICE 730,00	total 730,00
5405 A 3406	80		MILEAGE				4.20	33/.00
5407			min	bulk o	clivery	-	368,00	368,00 474,48 15,84
1131	36		60/40		~ /		13,18	474.48
1118 B	72		gei				. 22	15,84
							Subtotal	1924,32
Ravin 3737				aleic	030		SALES TAX ESTIMATED TOTAL	
AUTHORIZTION	Jash			TITLE		n the front of the	DATE	customer's

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.