

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

1188457

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 #:					API No. 15					
Name:					Spot Description:					
Address 1:					SecTwp S. R East West					
Address 2:				Feet from North / South Line of Section						
City:					Feet from East / West Line of Section					
Contact Person:			Footages Calculated from Nearest Outside Section Corner:							
Phone: ()			NE NW SE SW							
Type of Well: (Check one) Oil Well Gas Well OG D&A Cathodic					County:					
Water Supply Well		SWD Permit #:		Lease Na	ıme:	Well #:				
ENHR Permit #: Gas Storage Permit #:					Completed:					
Is ACO-1 filed? Yes	_	Il log attached? Yes	No	The plugging proposal was approved on: (Date)						
Producing Formation(s): List				by:		(KCC Di s	strict Agent's Name)			
Depth to	•	om: T.D		Plugging Commenced:						
	•	om: T.D		Plugging Completed:						
Depth to	o Top: Bott	om:T.D								
Show depth and thickness of	all water, oil and gas form	nations.								
Oil, Gas or Wate	r Records		Casing F	g Record (Surface, Conductor & Production)						
Formation	Content	Casing	Size		Setting Depth	Pulled Out				
		ged, indicating where the muc f same depth placed from (bo		•		ods used in introducing	; it into the hole. If			
Plugging Contractor License #:										
Address 1: Addre										
City:				State:		Zip:	+			
Phone: ()										
Name of Party Responsible for	or Plugging Fees:									
State of	County,			_ , SS.						
				Fn	anlovee of Operator of	Operator on abo	we-described well			
(Print Name)				= []	iployee of Operator of		,vo 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

KREMEIER OIL & GAS, INC 3183 US HIGHWAY 56 HERINGTON KS 67449 (785)258-2321 CARL #2 42892 32-13-3E 07-23-13 KS

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

Hours Unit Price Description Total P & A OLD WELL 1.00 500.00 500.00 446 .00 4.20 .00 446 EQUIPMENT MILEAGE (ONE WAY) 368.00 368.00 MIN. BULK DELIVERY 1.00 491

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

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

Signed______Date____





LOCATION 180
FOREMAN Jacob

FIELD TICKET & TREATMENT REPORT

620-431-9210 or 800-467-8676 CEMENT										
DATE	CUSTOMER#	WELL	NAME & NUME	BER	SECTION	TOWNSHIP	RANGE	COUNTY		
7-23-13	4493	Carl	#2		32	1.3	3E	Moris		
CUSTOMER		1		18	TRUCK#	DRIVER	TRUCK#	DRIVER		
1000						Josh	THOOR IT	Diave		
3183	1119					Jeramy M				
CITY	45 High	STATE	ZIP CODE	Jm	702	Jacob				
Herinto		KS	67949	1000		00000				
JOB TYPE Pla		HOLE SIZE		_ HOLE DEPTH		CASING SIZE & V	VEIGHT 27/8			
CASING DEPTH DRILL PIPE TUBING 1						OTHER				
						CEMENT LEFT in CASING				
DISPLACEMEN		DISPLACEMEN		MIX PSI	Α.	RATE				
	and me	enting 1	Run	111 +0	750-4	- mix	355RS	60/40		
2/901	Pull	川 ナ	- 0 -11	[with	10 5	ks Jo.	6 COMP	lete.		
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with the same of t			A AMPLIANCE OF THE PARTY OF THE							
ACCOUNT CODE	QUANITY	or UNITS	DESCRIPTION of SERVICES or PRODUCT				UNIT PRICE	TOTAL		
5405	1		PUMP CHARG	SE			500,00	500,00		
5406	80)	MILEAGE			4,20	10/2			
5407	1			bulk.	deliver		368,00	368,00		
1131	45		60/40				13.18	593.10		
1118 13	90		gel				155	19,80		
			Ρ				 	-		
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							-	-		
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			-					 		
	<u> </u>						Subtotal	1480,90		
			+				10/0/10/	100110		
	 				- A	-				
	+			1000000		1000000				
							SALES TAX	43.83		
Ravin 3737	,	4		dell	186		ESTIMATED TOTAL	1524.13		
AUTHORIZTION	TOR			TITLE		2 No. 10 No.	DATE			
AUTHURIZITO	· · ·									

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.