



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

KANSAS CORPORATION COMMISSION 1194434
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

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

MAIN OFFICE
P.O. Box 884
Chandler, KS 66720
620431-9210 - 1-800-467-5079
Fax: 620-431-0072

INVOICE

Invoice Date: 03/16/2014 Terms: 0/30/10,n/30

Invoice # 266589

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SHAMMAR OIL & GAS
P.O. Box 9
MARION KS 66861
(620) 382-2932

SVITAK #3
46252
35-218-4E
03-13-2014
KS

Part Number	Description	Qty	Unit Price	Total
1131	60/40 FOZ MIX	149.00	13.1800	1963.82
1118B	PREMIUM GEL / BENTONITE	600.00	.2200	132.00
1102	CALCIUM CHLORIDE (50#)	100.00	.7800	78.00

Sublet Performed	Description	Hours	Unit Price	Total
9996-180	CEMENT MATERIAL DISCOUNT			-652.15
491	MIN. BULK DELIVERY	1.00	368.00	368.00
603	CEMENT PUMP	1.00	1085.00	1085.00
603	EQUIPMENT MILEAGE (ONE WAY)	30.00	4.20	126.00

Amount Due 3919.12 If paid after 03/28/2014

Parts: 2173.82 Freight: .00 Tax: 116.41 AR 3217.08
 Labor: .00 Misc: .00 Total: 3217.08
 Subt: -652.15 Suppliers: .00 Change: .00

Signed _____ Date _____

MARTINELLI OK EL DORADO KS EUBANK KS HUNCA CITY OK SANDLEY KS OTTAWA KS THAYER KS GILLETTE WY CUSHING OK
 918133-4225 3166227022 620945-7442 840765-2913 752812-8482 752842-2444 620533-5283 3277862-4914 918225-2659



266589

TICKET NUMBER 46252
LOCATION 180
FOREMAN Larry Storm

PO Box 884, Chanute, KS 66720
820-431-8210 or 800-457-8576

FIELD TICKET & TREATMENT REPORT

CEMENT API-

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
3-13-14	7665	Jubark 43	33	21S	4E	WARPON
CUSTOMER		MAILING ADDRESS				
Shawar Oil		P.O. Box 9				
CITY	STATE	ZIP CODE	TRUCK #	DRIVER	TRUCK #	DRIVER
WARPON	Ks	66861	603	Loremy #		
			491	Zee S.		
			725	Loremy		

JOB TYPE Plug B HOLE SIZE 7 7/8 HOLE DEPTH 2632 CASING SIZE & WEIGHT 5 1/2
 CASING DEPTH DRILL PIPE TUBING 2612-278 OTHER
 SLURRY WEIGHT SLURRY VOL WATER gal/sk CEMENT LEFT in CASING
 DISPLACEMENT 15.13 DISPLACEMENT PSI 400 MIX PSI 0 RATE

REMARKS: 2 1/2 tubing at 2612 - MRWD 35 sks 60/40 102-mix + 4 1/2 200 + 4 1/2 cas
 Displacement with 1 1/2 blk water - Bottom Plug - Pulling shaker -
 Shot 5 1/2 casing at 100' - Run 2 1/2 tubing on 2734 - MRWD
 114 sks 60/40 102-mix + 0% 200 - Circulation Permit to surface

4 plug record +
well file

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
2401	1	FLMP CHARGE	1085.00	1085.00 ✓
5466	30	MILEAGE	4.20	126.00 ✓
1131	149	sks 60/40	13.18	1963.82 ✓
1188	600	lbs 6cp	1.22	732.00 ✓
1102	100	lbs CACW2	.78	78.00 ✓
5407	1	Bulk Delivery	368.00	368.00 ✓
		30% Mat Discount	-	5152.82 ✓ 652.15 ✓
		<input checked="" type="checkbox"/> completed		
		Subtotal		3100.67 ✓
		SALES TAX		116.41 ✓
		ESTIMATED TOTAL		3217.08 ✓

AUTHORIZATION [Signature] 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 to