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

1194443

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:	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:	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 Water Supply Well Other: SWD Permit #: SWD Permit #: SWD Permit #: ENHR Permit #: Gas Storage Permit #: Gas Storage Permit #: Is ACO-1 filed? Yes No Is ACO-1 filed? Yes No If not, is well log attached? Yes No Producing Formation(s): List All (If needed attach another sheet)	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 (Surfa	ce, Conductor & Produc	tion)
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	J Fees:			
State of	County,	, SS.		
	(Print Name)		f Operator or Operator on a	
haing first duly sugar an asthe says. The	at I have knowledge of the feate	statements and matters harain contained	and the lag of the chave describe	d wall 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

FIELD WORK ORDER, INVOICE AND CONTRACT

0 3-INCORPORATED I

1883

Complete Cased Hole Services

P.O. Box 105 • El Dorado, KS 6	57042 · (316) 3	21-4500
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Date	2-26-14	Charge To: SHAW M	AR O	1 - Gas	Co.	Lease and We	s 7
Operator	SULLINAN	Address P. D. Bo				Field	
				1.0.	00	Legal Descript	
Custome		City & State Marion	. /CS	66861-	0009	NW.	-NE-SE
Gustome	1066	Fluid Level	Casing	Size 5 1/2		. 25 -	wp. 165 Ang. 5E
T.D.	1066	Type Fluid in Hole	Casing			Sec. 22 1	wp. 165 Hng. 52
(0.0200)		WATER	Casing	N. X. X. Ar. C		County Ado	RRIC
Zero		Elevation	Casing	Depth		County MO State	
K	.B. 5 AGL.			- speci		KA	12 505
 (1) (2) (3) (4) (5) (6) (7) (8) 	authorized agent and representative of th All accounts are due and must be paid of 18% per annum will be charged from Because of the uncortain conditions ar hereto that Dyna-Log, Inc. cannot guar performance of its services. Should any Dyna-Log, Inc. instruments reasonable effort to recover the same, a items recovered. The customer certifies that he has the Dyna-Log, Inc. is in proper and suitable. The customer agrees to pay any and a county, state and federal taxes and fees No employee is authorized to alter the 1 I certify that the services have been pe depth measurements were checked and It is further stipulated and agreed to be! Sedgwick County, Kansas, and that the Sedgwick County, Kansas.	within 30 days from the date of servin in the date of the services. In the date of the services. In the date of the services. In the date of the services and it is or equipment be lost or damaged it and to reimburse Dyna-Log, Inc. for the a full right and authority to order su condition for the performance of said It taxes, fees and charges placed or sor reimburse Dyna-Log, Inc. for sur- lerms or conditions of this agreement informed by Dyna-Log, Inc. under my d approved. Weren the parties hereto that this agreement of venue of any action, either in law of	vices of Dyna-L tre beyond the ts services and in the performa- the value of the uch work on st work and that is services rend ch taxes and fe the between Dyn y directions and reement shall or equity to en	og, Inc., and should control of Dyna-Lod d will not be held re note of the operation items which canno uch well and that it Dyna-Log, Inc. is m lered by Dyna-Log, es paid to said age ta-Log. Inc. and that it not become effectiv force the terms of t	I these terms g, Inc., It is un sponsible for ns requested, t be recovered he well in whi erely working Inc. by govern ncies. customer. all zones perior	not be observed, i derstood and agre- personal or prope the customer agre d, or the cost of re- ich the work is to under the direction mental requirement orated were design	Interest at the rate and by the parties rty damage in the east to make every pairing damage to be performed by s of the customer, ents including city, and by me and all
	CUSTOMER		NT AND REPR	ESENTATIVE		OFFICER	
5.2	WORK PERFORME	D	SET UP:		PRICING		
Perforated	d With	as Follows:	Statistical Statistics			\$	800.0
From ft. to	. !!	Charles	PERFORATI				
110111111	100	Shots	1st	Shots		s	
From It. to	o ft.,	Shots	Next	Shots @ \$	Fa	5	
	1 L South						
From It. to	n. 12 00/101	Shots	Next	Shots @ \$	Ea.	\$	
From It. to	- 15- 15- 1	Shots	LOGGING:				
			Logging Cl	ngn	@ \$	_ft. \$	
From It. to	m54	Shots					
From Pro-		\checkmark	BRIDGE PLU				- 10
From ft. to	IL:	Shots			1060	\$	1500."
			GEMENTLO	CATOR SURVEY:		S	
						•	
				SUB	TOTAL	\$	2300."
				TAX		\$	59.20
				TOTA	L	S	2359.20

CONSOLII oil Well Serv	Concolidated Oil Ma	ell Services, LLC 970 4346	F Chanut 620/431-9210 • 1-8	AIN OFFICE P.O. Box 884 e, KS 66720 00/467-8676 20/431-0012
INVOICE			Invoice #	266328
Invoice Date: 03/10	/2014 Terms: 0/0/30,n/3	30	Pa	ge 1
SHAWMAR OIL & G P.O. BOX 9 MARION KS 6686 (620)382-2932		GRASS #4 42920 35-16N-5E 03-04-2014 KS		
Part Number 1131 1118B 1102	Description 60/40 POZ MIX PREMIUM GEL / BENTONITE CALCIUM CHLORIDE (50#)	98.00	.2200	Total 1291.64 86.24 60.84
Sublet Performed 9995-180	Description CEMENT EQUIPMENT DISCOUN	1T		Total -431.62
Description 446 P & A NEW WELL 446 EQUIPMENT MILE 681 TON MILEAGE DE		Hours 1.00 70.00 1.00	4.20	Total 1085.00 294.00 410.59

Parts:	1438.72	Freight:	.00	Tax:	102.87	AR	2899.56
Labor:	.00	Misc:	.00	Total:	2899.56		
Sublt:	-431.62	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

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CONSOLIDATED 2(e632	8	TICKET NUMB LOCATION	180	920
PO Box 884, Chanute, KS 66720 FIELD TICK 620-431-9210 or 800-467-8675	CEMEN		PORT		
DATE CUSTOMER # WELL NAME & NU	IMBER	SECTION	TOWNSHIP	RANGE	COUNTY
CUSTOMER Grass #	2	35	KN	SE	Morris
Shadmar	B				A Construction of the Cons
MAILING ADDRESS		TRUCK #	DRIVER	TRUCK #	DRIVER
PO Box 9	1P2	446	Jerany m		
CITY STATE ZIP CODE		681	Duston		
		702	Jacob		
	i here				
	HOLE DEPTH	2192	CASING SIZE & WI	EIGHT 5/2	1 85/8 145-1
	TUBING			OTHER	
SLURRY WEIGHT 14.516_ SLURRY VOL	WATER gal/sl	k	CEMENT LEFT In C	ASING	
DISPLACEMENT DISPLACEMENT PSI	_ MDX PSI		RATE		
	pe to	2.10.11	Break cur	calition	- N
98 sks 60/40 pb2 4/901	Kcc		tubbing a	and the	all
Job complete.		/			

ACCOUNT	QUANITY or UNITS	DESCRIPTION of SERVICES or PRODUCT		
5405 N		PUMP CHARGE	UNIT PRICE	TOTAL
5406	70	MILEAGE	10 85.00	
5407 A	70	X 4.16 ton mileage X	4,20	294.00
1131	98	60/110 POZ	13.18	
1118 B	392	Gel	122	1291.64
1102	78	Calciam chloride	.78	60.84
┝────┤	·			
├────╂			Subolal	3228.31
}──── ╄		discount		431.62
			total	2796.69
				·
			amplat	
		7.15		102 07
lavin 3737	1			102.87
AUTHORIZTION	12-2 10	TITLE		2899.56

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