



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

KANSAS CORPORATION COMMISSION 1200385
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.

(Print Name) Employee of Operator or Operator on above-described well,

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

267348

TICKET NUMBER 47621
LOCATION Oakley Co.
FOREMAN Daren & Walt

PO Box 884, Chanute, KS 66720
620-431-9210 or 800-467-8676

FIELD TICKET & TREATMENT REPORT
CEMENT

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
4/11/14	2582	Flagler #11	33	11	22	Trego
CUSTOMER Cholla Production LLC.			Ks.			
MAILING ADDRESS			TRUCK #	DRIVER	TRUCK #	DRIVER
CITY			512	Michael		
STATE			530	Dale		
ZIP CODE			529	Cody		
				Keith		

JOB TYPE AWP HOLE SIZE _____ HOLE DEPTH 3952 CASING SIZE & WEIGHT 5 1/2
 CASING DEPTH _____ DRILL PIPE _____ TUBING 2 7/8 OTHER _____
 SLURRY WEIGHT 12.5 To 13 SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING _____
 DISPLACEMENT _____ DISPLACEMENT PSI _____ MIX PSI _____ 2525, 1885, 1080

REMARKS: Safety Meeting Rig up on Ultimate well service #22 Pump 2 bbl water to Get Blow to Pit Mix 125 sks 60/40 4% Gel 1/4" Floseal with 250* Halls Displace with 7 bbl water Pull Tubing to 2525, max 125 sks 60/40 4% Gel 1/4" Floseal with 300* Halls Displace with 3.5 bbl water Pull Tubing to 1885' mix cement to surface 225 sks + 350* Halls Pull Tubing out mix 100 sks cement in back side + top off casing with 25 sks. Cement Whshup Pump + Lines Rig Down

Thanks Daren & Crew

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5405A	1	PUMP CHARGE	\$875.00	\$875.00
5406	60	MILEAGE	\$5.25	\$315.00
5407	25.37	Ton mileage Delivery	\$1.25	\$2664.00
1131	590 SKS	60/40 Poz mix	\$15.86	\$9357.40
1118B	2030*	Bentonite	\$.27	\$548.10
1107	148*	Floseal	\$2.97	\$439.56
1105	1050*	Halls	\$.58	\$609.00
			Sub Total	\$14808.06
			Less 10%	\$1480.81
			Sub Total	\$13327.25
			<input checked="" type="checkbox"/> completed	
			7.65 SALES TAX	754.19
			ESTIMATED TOTAL	14081.44

Ravin 3737

AUTHORIZATION

TITLE Agent HNF/WL

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 form.