



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

KANSAS CORPORATION COMMISSION 1204257
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
~~PLINV~~
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 # 267907

Invoice Date: 05/08/2014 Terms: 0/30/10,n/30

Page 1

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

LOVELESS-AUSTIN A B-2
46309
35-18-4
05-02-2014
KS

| Description | Hours | Unit Price | Total |
|--------------------|-------|------------|--------|
| MIN. BULK DELIVERY | 1.00 | 368.00 | 368.00 |

| Part Number | Description | Qty | Unit Price | Total |
|-------------|-------------------------|--------|------------|---------|
| 1131 | 60/40 POZ MIX | 108.00 | 13.1800 | 1423.44 |
| 1102 | CALCIUM CHLORIDE (50#) | 173.00 | .7800 | 134.94 |
| 1118B | PREMIUM GEL / BENTONITE | 432.00 | .2200 | 95.04 |

| Sublet Performed | Description | Total |
|------------------|--------------------------|---------|
| 9996-180 | CEMENT MATERIAL DISCOUNT | -496.03 |

| Description | Hours | Unit Price | Total |
|---------------------------------|-------|------------|--------|
| 603 P & A OLD WELL | 1.00 | 730.00 | 730.00 |
| 603 EQUIPMENT MILEAGE (ONE WAY) | 45.00 | 4.20 | 189.00 |

Amount Due 3066.90 if paid after 05/18/2014

| | | | | | | | |
|--------|---------|-----------|-----|---------|---------|----|---------|
| Parts: | 1653.42 | Freight: | .00 | Tax: | 88.53 | AR | 2532.92 |
| Labor: | .00 | Misc: | .00 | Total: | 2532.92 | | |
| Sublt: | -496.03 | Supplies: | .00 | Change: | .00 | | |

Signed _____

Date _____

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



CONSOLIDATED
Oil Well Services, LLC

267901

TICKET NUMBER 46309

LOCATION 180

FOREMAN Jeff Shell

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

FIELD TICKET & TREATMENT REPORT

CEMENT

API# 15-115-19251-00-00

| DATE | CUSTOMER # | WELL NAME & NUMBER | SECTION | TOWNSHIP | RANGE | COUNTY |
|-----------------------|------------|----------------------|---------|----------|---------|--------|
| 5/2/14 | 71065 | Loveless Austin A B2 | 35 | 18 | 4 | Marion |
| CUSTOMER | | | TRUCK # | | | |
| Shawmco Oil & Gas Co. | | | 609 | Driver | TRUCK # | DRIVER |
| MAILING ADDRESS | | | 713 | Jeremy M | | |
| 1116 E Main PO Box 9 | | | 527 | Dustin K | | |
| CITY | | | | Jeff S | | |
| STATE | | | | | | |
| ZIP CODE | | | | | | |
| Marion | | | | | | |
| KS | | | | | | |
| 66861 | | | | | | |

| | | | |
|-------------------------|------------------------|------------------------|-----------------------------------|
| JOB TYPE <u>Plug B</u> | HOLE SIZE <u>8 5/8</u> | HOLE DEPTH <u>2300</u> | CASING SIZE & WEIGHT <u>8 5/8</u> |
| CASING DEPTH <u>220</u> | DRILL PIPE | TUBING <u>2 9/8</u> | OTHER |
| SLURRY WEIGHT | SLURRY VOL | WATER gal/sk | CEMENT LEFT in CASING |
| DISPLACEMENT | DISPLACEMENT PSI | MIX PSI | RATE |

REMARKS: Safety Meeting, brake circ. at 250ft. Pumped 102 SKS of 60/40 Poz mix
4% Gel 2% Calcium from 250ft to surface pulled Tubing Top hole off
with 6 SKS 60/40 Poz mix 4% Gel 2% Calcium hole standing full

| ACCOUNT CODE | QUANTITY or UNITS | DESCRIPTION of SERVICES or PRODUCT | UNIT PRICE | TOTAL |
|--------------|-------------------|---|--------------------|-----------|
| 5405A | 1 | PUMP CHARGE | 730.00 | 730.00 ✓ |
| 5406 | 45 | MILEAGE | 4.20 | 189.00 ✓ |
| 1131 | 108 SKS | 60/40 Poz mix | 13.18 | 1423.44 ✓ |
| 1102 | 173 lbs | Calcium chloride | .78 | 134.94 ✓ |
| 1118 B | 432 lbs | Gel | .22 | 95.04 ✓ |
| 5407 | 1 | Min bulk delivery | 368.00 | 368.00 ✓ |
| | | | Subtotal | 2940.42 |
| | | | Minus 30% Discount | 496.03 ✓ |
| | | | Subtotal | 2444.39 |
| | | <input checked="" type="checkbox"/> completed | | |
| | | | SALES TAX | 88.53 ✓ |
| | | | ESTIMATED TOTAL | 2532.92 ✓ |

Ravin 3737

AUTHORIZATION Jim Myers 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 for