



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

KANSAS CORPORATION COMMISSION 1204377  
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**  
**PLV**  
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 # 267909

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

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

LOVELESS-AUSTIN A #3  
46310  
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	97.00	13.1800	1278.46
1102	CALCIUM CHLORIDE (50#)	155.00	.7800	120.90
1118B	PREMIUM GEL / BENTONITE	388.00	.2200	85.36

  

Sublet Performed	Description	Total
9996-180	CEMENT MATERIAL DISCOUNT	-445.42

  

Description	Hours	Unit Price	Total
603 P & A OLD WELL	1.00	730.00	730.00

Amount Due 2696.30 if paid after 05/18/2014

Parts:	1484.72	Freight:	.00	Tax:	79.51	AR	2216.81
Labor:	.00	Misc:	.00	Total:	2216.81		
Sublt:	-445.42	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

267909

TICKET NUMBER 46310

LOCATION 180

FOREMAN Jeff Shell

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

**FIELD TICKET & TREATMENT REPORT**

CEMENT API # 15-115-19252-00-00

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
5/2/14	76605	Loveless Austin A #3	35	18	4	Marion
CUSTOMER						
Shawmar Oil & Gas Co.						
MAILING ADDRESS						
1116 E Main PO Box 9						
CITY		STATE	ZIP CODE			
Marion		KS	66861			
TRUCK #	DRIVER	TRUCK #	DRIVER			
603	Jeremy M					
713	Dustin K					
527	Jeff S					

JOB TYPE Plug B HOLE SIZE 8 5/8 HOLE DEPTH 2,305 CASING SIZE & WEIGHT 8 5/8  
 CASING DEPTH 200 DRILL PIPE \_\_\_\_\_ TUBING 2 3/8 OTHER \_\_\_\_\_  
 SLURRY WEIGHT \_\_\_\_\_ SLURRY VOL \_\_\_\_\_ WATER gal/sk \_\_\_\_\_ CEMENT LEFT in CASING \_\_\_\_\_  
 DISPLACEMENT \_\_\_\_\_ DISPLACEMENT PSI \_\_\_\_\_ MIX PSI \_\_\_\_\_ RATE \_\_\_\_\_

REMARKS: Safety meeting, Ran Tubing to 250ft, broke circ, Pumped 90 SKS 60/40  
POZ mix 4% Gel 2% Calcium pulled Tubing Tapped hole off with 75KS  
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
		MILEAGE		
1131	97.5KS	60/40 Poz mix	13.18	1278.46 ✓
1102	155 lbs	Calcium chloride	.78	120.90 ✓
11188	388 lbs	Gel	.22	85.36 ✓
5407	1	Min bulk delivery	368.00	368.00
		Subtotal		2582.72
		Minus 30% Discount		445.42 ✓
		Subtotal		2137.30
		<input checked="" type="checkbox"/> completed		
		SALES TAX		79.51 ✓
		ESTIMATED TOTAL		2216.81 ✓

Revin 3737

AUTHORIZATION Levi Meyer 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