



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

KANSAS CORPORATION COMMISSION 1204554
OIL & GAS CONSERVATION DIVISION
WELL PLUGGING RECORD
 K.A.R. 82-3-117

Form CP-4
 March 2009

Type or Print on this Form
Form must be Signed
All blanks must be Filled

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

PO B Chanute, KS 66720

620-41-5210 or 800-467-8676

FIELD TICKET & TREATMENT REPORT

CEMENT

DATE	4-16-11	CUSTOMER #	1155	WELL NAME & NUMBER	B #1
CUSTOMER	Price Oil Corp	SECTION	18	TOWNSHIP	23
		RANGE	4 ^W	COUNTY	Rice

MAILING ADDRESS	1704 Lime Stone Road	TRUCK #	603	DRIVER	Jeremy A
CITY	Chanute, KS	TRUCK #	601	DRIVER	Mark
STATE	KS	TRUCK #	702	DRIVER	Jacob
ZIP CODE	67460				

JOB TYPE	Spig B	HOLE SIZE		HOLE DEPTH	
CASING DEPTH		DRILL PIPE		TUBING	
SLURRY WEIGHT		SLURRY VOL		WATER gallsk	
DISPLACEMENT		DISPLACEMENT PSI		MIX PSI	
REMARKS:	Setty meeting ran tubing to 850 mix 35 stks 60/90 3/4" 41/2" 1/2" only 1" pull to 450 ft mix 35 stks 60/90 41/2" 3/4" 1/2" only 1" pull to 300 ft mix 112 stks 60/90 for 41/2" circulating cement to surface				

ACCOUNT CODE	5491	PUMP CHARGE	1085.00	UNIT PRICE	1085.00	TOTAL	1085.00
ACCOUNT CODE	5496	MILEAGE	4.26	UNIT PRICE	294.00	TOTAL	294.00
ACCOUNT CODE	5407A	70	7.04	UNIT PRICE	734.07	TOTAL	734.07
ACCOUNT CODE	1131	182	13.18	UNIT PRICE	2382.27	TOTAL	2382.27
ACCOUNT CODE	1118B	728	16.016	UNIT PRICE	11601.6	TOTAL	11601.6
ACCOUNT CODE	1102	300	78	UNIT PRICE	234.00	TOTAL	234.00
ACCOUNT CODE	1107	50	2.47	UNIT PRICE	123.50	TOTAL	123.50

DESCRIPTION of SERVICES or PRODUCT	SALES TAX	ESTIMATED TOTAL
completed	145.96	4380.52

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AUTHORIZATION *[Signature]*

TITLE _____ DATE _____

SALES TAX ESTIMATED TOTAL 4380.52

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

TICKET NUMBER 45140
LOCATION 180
FOREMAN Jacob Storm

267423