



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

KANSAS CORPORATION COMMISSION 1204972
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

268002

TICKET NUMBER 47163

LOCATION Ottawa KS

FOREMAN Fred Mader

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
5-7-14	4448	Cartwright # KR-17	NE 13	18	21	MI

CUSTOMER	TRUCK #	DRIVER	TRUCK #	DRIVER
Kansas Resources Expl & Dev	712	Fred Mader		
	495	Har Bee		
	370	Jos Ric		
	558	Max Coc		

CUSTOMER	MAILING ADDRESS	CITY	STATE	ZIP CODE
Kansas Resources Expl & Dev	9393 W 110th St	Overland Park	KS	66210

JOB TYPE Plug HOLE SIZE 5 7/8 HOLE DEPTH 518' CASING SIZE & WEIGHT N/A
 CASING DEPTH _____ DRILL PIPE 1" TUBING to TD OTHER _____
 SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING Full
 DISPLACEMENT N/A DISPLACEMENT PSI _____ MIX PSI _____ RATE 1 1/2 Bpm

REMARKS: Hold crew safety meeting. Rig run 1" tubing to TD.
Spot 20 sks Cement. Rig pull 1" to 250' Fill to
Surface w/ Cement Pull remaining tubing. Top off
well w/ Cement Wash out Tubing.

Total 60 sks 50/50 Per Mix Cement 29 Gal 1/2" Phenol Seal

Tackman Drilling Fred Mader

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5405N	1	PUMP CHARGE Plug to Abandon	495	1085 ⁰⁰
5406	15mi	MILEAGE	495	63 ⁰⁰
5407	1/2 Minimum	Ton Miles	558	184 ⁰⁰
5502C	1 1/2 hr	FO BA Vac Truck	370	150 ⁰⁰
1124	60 sks	50/50 Per Mix Cement	690 ⁰⁰	
111FB	101**	Premium Gal	22 ²²	
1107A	30**	Pheno Seal	40 ⁵⁰	
		Material	752 ⁷²	
		less 30%	- 225 ⁸²	
		Total		526 ⁹⁰
			7.65%	
			SALES TAX	40 ³¹
			ESTIMATED	
			TOTAL	2092 ¹

Ravin 3737

AUTHORIZATION G. Morrison by Phone 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 form.