



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

KANSAS CORPORATION COMMISSION 1206344
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

TICKET NUMBER 47609

LOCATION Oakley

FOREMAN Dane Retzlaff

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
5-14-14	2144	Land Graf C-1-26	26	21	32	Finney KS
CUSTOMER			TRUCK #	DRIVER	TRUCK #	DRIVER
MAILING ADDRESS			399	Jordan		
CITY			529	Cooby		
STATE			397	Cooby		
ZIP CODE						

JOB TYPE AWP HOLE SIZE _____ HOLE DEPTH _____ CASING SIZE & WEIGHT 4 1/2
 CASING DEPTH _____ DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT 13.8 SLURRY VOL 1.42 WATER gal/sk 6.7 CEMENT LEFT in CASING _____
 DISPLACEMENT _____ DISPLACEMENT PSI _____ MIX PSI _____ RATE _____

REMARKS: Safety meeting mix 90 sks with 250 lbs of cotton seed hulls (14 mix BBLs) Displace
 21 BBLs of water, 1300 ft. Lock up at 700 psi, Run log, Run tubing in hole
 mix 85 sks (13 mix BBLs) cement circulated. Pull tubing out of hole, mix 10 sks to top off
 mix 5 sks down backside, 500 psi held wash pump & lines. Rig down

AFE 803141

Tanks Done of crew

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5405	1	PUMP CHARGE	650.00	650.00
5406	65	MILEAGE	5.25	
5407A	8.17	Ton mileage Delivery	1.25	929.33
1131	190 SKS	60/40 pol mix	15.86	3013.40
1118B	653	Bentonite	12.7	176.47
1107	47.0	Flo Seal	2.97	129.59
1105	250	Cotton seed Hulls	1.58	145.00
			Sub	5053.70
			less 10%	505.27
			Sub	4548.5
			SALES TAX	
			ESTIMATED	
			TOTAL	

Ravin 3737

AUTHORIZATION Danne Retzlaff

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



Every Project Is Personal

Pioneer Wireline Services, LLC

Service Order No.

1 - 45605

Phone: 785.625.3858
Fax: 785.625.8635

Date: 5-14-14

Client Info	Company Chesapeake operating		Client Order # OW				
	Billing Address			City	ST	Zip	
Well Info	Lease & Well # Landgraf C 1-26		Field Name		Legal Description (coordinates) 26-215-32W		
	Nearest Town Gardencity Finney	County / Parish	ST KS	Rig	Permit #	Price Zone	
	Fluid Full	Level (surf.)	Reading from	Customer T.D.	Pioneer T.D.	Elevation	KB Elevation
	Crew Members Eric Blanco, Uriel Lopez, Miguel Rodriguez			Unit # 8	Miles		

Product Code	Description	Q-ty	Unit Price	Depth		\$ Amount
				From	To	
10000	Trucks # 8	1	2200			2200
12102	Cement Bond log	1	4740	1300		4740
12101	Logging Depth	1	1580	1300		1580

THE UNDERSIGNED HEREBY CERTIFIES THAT HE HAS FULL AUTHORITY TO ENTER INTO THIS CONTRACT ON BEHALF OF THE CLIENT AND AGREES TO THE TERMS AND CONDITIONS SET FORTH ON THE REVERSE SIDE HEREOF.

SUBTOTAL	8520
DISCOUNT	
SUBTOTAL	3000
TAX	
NET TOTAL	

Client Approval

[Signature] 5-14-14

Name Printed _____ Signature / Date _____

Pioneer Field Representative

Eric Blanco *[Signature]* 5-14-14

Name Printed _____ Signature / Date _____

PIONEER OFFICE USE ONLY - Manager Approval

Name Printed _____ Signature / Date _____