



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

KANSAS CORPORATION COMMISSION 1206349
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

TICKET NUMBER 47608
LOCATION Oakley, KS
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	2194	heron 1-22	22	21	32	Finney
CUSTOMER			TRUCK #			
MAILING ADDRESS			DRIVER			
CITY			TRUCK #			
STATE			DRIVER			
ZIP CODE			TRUCK #			
			DRIVER			

JOB TYPE ALOP HOLE SIZE 7 7/8 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. Rig up. mix 90 sks (14.3 mix water) with 250 LBS cottonseed
Hulls. Displace 21 BBLs down to 1300 feet. locked up at 700 psi. TOC at 1400 feet.
Run log. Perf at 1180 feet. mix 90 sks (14.3 mix water) displace 16 BBLs. cement circulated
Tie on to casing mix 55 sks good cement circulated. cement level about 2 feet down

AFE 803146

Thanks Dane & crew

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
54059	1	PUMP CHARGE	875.00	875.00
5406	65	MILEAGE	5.25	341.25
54074	10.10	Ten mileage Delivery	1.75	1148.87
1131	235	60/40 poz mix	15.86	3727.10
1118B	868	Bentonite	.27	218.26
1107	58	Flo seal	2.97	174.49
1105	250	Cotton seed Hulls	.58	145.00
			Sub	6630.27
			less 10%	663.02
			Sub	5967.25
			SALES TAX	
			ESTIMATED	
			TOTAL	

Ravin 3737

AUTHORIZATION Dennis Paul 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



Every Project Is Personal

Pioneer Wireline Services, LLC

Service Order No.

1 - 45604

Phone: 785.625.3858

Fax: 785.625.8635

Date: 5-14-14

Client Info	Company <i>Chesapeake operating</i>					Client Order # <i>ow</i>	
	Billing Address				City	ST	Zip
Well Info	Lease & Well # <i>Lemon 1-22</i>			Field Name		Legal Description (coordinates) <i>Sec. 22-215-32W</i>	
	Nearest Town <i>Gardencity</i>	County / Parish <i>Finney</i>	ST <i>KS</i>	Rig	Permit #	Price Zone	Casing Size <i>4 1/2</i>
	Fluid <i>Full</i>	Level (surf.)	Reading from	Customer T.D.	Pioneer T.D.	Elevation	KB Elevation
Crew	Engineer <i>Eric Blanco</i>	Truck Driver <i>Uriel Munoz</i>	Crew Members <i>Miguel Rodriguez</i>		Unit # <i>8</i>	Miles	

Product Code	Description	Q-ty	Unit Price	Depth		\$ Amount
				From	To	
10000	Truck # 8	1	2200	-	-	2200
12102	Cement Bond log	1	Min	-	-	4740
12101	Depth	1	Min	-	150	1580
17502	1 1/4 3 1/8 Slick Gun	1	Min	-	-	1160
17500	Depth	1	Min	-	1180	1500
17502	1 1/4 3 1/8 Slick Gun	1	Min	-	-	1160
17500	Depth	1	Min	-	380	1500

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.

Client Approval	
<i>Dominic J. [Signature]</i>	<i>5-14-14</i>
Name Printed	Signature / Date

Pioneer Field Representative	
<i>Eric Blanco</i>	<i>5-14-14</i>
Name Printed	Signature / Date

SUBTOTAL	<i>13840</i>
DISCOUNT	
SUBTOTAL	<i>4844</i>
TAX	
NET TOTAL	

PIONEER OFFICE USE ONLY - Manager Approval	
Name Printed	Signature / Date