



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

KANSAS CORPORATION COMMISSION 1206356
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

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

TICKET NUMBER 44426

LOCATION Oakley

FOREMAN Dennis

FIELD TICKET & TREATMENT REPORT
CEMENT

Fuzz

ics

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
4-22-14	2279	Trackle-Camp #2	S	23S	31W	Township
CUSTOMER <u>Chesapeake Energy</u>			Garden City, 10-6 miles, 4-16 miles, 2W EIA			
MAILING ADDRESS			TRUCK #	DRIVER	TRUCK #	DRIVER
CITY			512	Michael R		
STATE			529	John H		
ZIP CODE						

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

REMARKS: Safety meeting on location. Mix 185SKS cement with 200* hulls down 4 1/2 casing to 2700' - surface shot in @ 500* mix 20SKS cement down annulus shot in @ 400* Total 205SKS 60/40 pos 40% seal 1/4" closeal.

Thanks Dennis & Crew

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5405A	1	PUMP CHARGE	875 ⁰⁰	875 ⁰⁰
5406	70 miles	MILEAGE	5.25	367 ⁵⁰
5407A	9 don	Tow mileage Delivery	122	1102 ⁵⁰
1131	205 SKS	60/40 POS	15 ⁸⁰	3251 ³⁰
118B	705 #	Bentonite	.27	190 ³⁵
1107	51 #	Closeal	2.97	151.47
1105	200 #	Collowseed Hulls	.58	116 ⁰⁰
		subtotal		6054 ¹³
		less 10 ⁹⁰		605 ⁴¹
		subtotal		5448 ²¹
		ATC # 8103097		
		SALES TAX		
		ESTIMATED TOTAL		

Ravin 3737
AUTHORIZATION Dennis Dreib

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.