



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

KANSAS CORPORATION COMMISSION 1206520
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

9/6/2013



3390000675

CEMENT FIELD TICKET AND TREATMENT REPORT

Customer	SOURCE	State, County	Butler, Kansas	Cement Type	CLASS A
Job Type	LS-H	Section	10	Excess (%)	0%
Customer Acct #	0	TWP	25S	Density	14.5, 15.5
Well No.	GOERING 10-14-10-11-H	RGE	3E	Water Required	0
Mailing Address	0	Formation	0	Yield	1.47, 1.41
City & State	0	Tubing	0	Sacks of Cement	130, 75
Zip Code	0	Drill Pipe	0	Slurry Volume	53 RAN 60
Contact	0	Casing Size	7" 23H	Displacement	137.8
Email	0	Hole Size	0	Displacement PSI	500
Cell	0	Casing Depth	3541.17-43'SJ	MIX PSI	100
Dispatch Location	BARTLESVILLE	Hole Depth	0	Rate	6-Apr
Time:	Description	Rate (bpm)	Volume (bbl)	Pressure	Notes
1:00AM	ARRIVE ON LOC				
10:00AM	SAFTY MTG AND RIG UP				
	PRESSURE TEST TO 3K				
	EST CIRC WITH H2O RUNNING 10BBLs	4	10	100	
	RUN 130 SX OF LEAD CMT	5	34	100	RAN 40
	RUN 75 SX OF TAIL CMT	5	19	100	RAN 20
	RELEASE PLUG AND DISPL	6	137.8	500	
	LAND PLUG			1500	
	NO CMT TO SURF				
	Amount of Cement Left in Casing	0 ft			
Remarks					
NO CMT TO SURF. CMT FIG TO BE APPROX 500' ABOVE KOP. PUTTING IT AT APPROX 1720					
LAND PLUG 1000 PSI OVER RUNNING PRESSURE MAKING IT 1500# WHEN RELEASED FLOWED BACK 758BL AND STOP HOLDING GOOD					
WASH UP AND RIG DOWN LEAVING PC AND MANIFOLD					
THANK YOU					

WET AND DRY SAMPLES TAKEN



CONSOLIDATED
Oil Well Services, LLC

ENTERED

TICKET NUMBER 43168

LOCATION 180

FOREMAN Larry Storm

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

FIELD TICKET & TREATMENT REPORT

CEMENT

API-15-015-23788

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
8-31-13	7698	Goering 10-14-10-11H	10	253	3E	Butler
CUSTOMER <u>Surface Energy M/D Jones LLC</u>			TRUCK #		DRIVER	
MAILING ADDRESS <u>1805 Shea Center Dr Ste 100</u>			446		Tash	
CITY <u>Highlands Ranch Co</u>			502		Zev	
STATE <u>CO</u>			539		LARRY	
ZIP CODE <u>80129</u>						

JOB TYPE Surface B HOLE SIZE 12 1/4 HOLE DEPTH 320 CASING SIZE & WEIGHT 9 5/8 36 lb
 CASING DEPTH 315 DRILL PIPE TUBING OTHER Plug 315
 SLURRY WEIGHT 15.0 SLURRY VOL 31.5 WATER gal/sk 6.46 CEMENT LEFT IN CASING 20%
 DISPLACEMENT 24.36 DISPLACEMENT, PSI MIX PSI RATE 5.25

REMARKS: Broke Circulation - MRB 130 sks A + 3% CAC 2 + 3% Gel + 3% 16 Poly-Flake - Displaced plug with 24.35 bbls - Circulated Cement to surface. Circulated Annulus with 8 bbl displaced

WELL NAME Goering 10-14-10-11H
 Well/AFE# 100-620
 GLACCT 850-100 AMT \$ 5338.00 Calc 9/19/13
 EXCELLENT GOOD FAIR POOR
 DESCRIPTION Cement 9 5/8 Surface Cas.

SIGNATURE [Signature] DATE 8/31/13 9/17/13

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES	UNIT PRICE	TOTAL
<u>54015</u>	<u>1</u>	<u>PUMP CHARGE Dale Baugh</u>		
<u>5406</u>	<u>16</u>	<u>MILEAGE</u>		
<u>11045</u>	<u>130</u>	<u>5/sk A</u>		
<u>1102</u>	<u>390</u>	<u>lbs CAC 2</u>		
<u>1118B</u>	<u>260</u>	<u>lbs Gel</u>		
<u>1107</u>	<u>50</u>	<u>lbs Poly-Flake</u>		
<u>1107</u>	<u>1</u>	<u>Bulk Wellbore</u>		
<u>1133</u>	<u>1</u>	<u>9 5/8 TW Plug</u>		
<u>1107</u>	<u>1</u>	<u>9 5/8 Guide Shoe</u>		
<u>4135</u>	<u>1</u>	<u>9 5/8 AFU Insert</u>		
<u>4133</u>	<u>5</u>	<u>9 5/8 Cmt.</u>		
<u>4311</u>	<u>1</u>	<u>9 5/8 Stop Plug</u>		
		<u>Subtotal</u>	<u>6.46</u>	

PRICING
REDACTED

Revin 3737 AUTHORIZATION [Signature] TITLE Dale Baugh DATE 261950
 SALES TAX ESTIMATED TOTAL

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.