



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

KANSAS CORPORATION COMMISSION 1207230
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 47603
LOCATION Ozley
FOREMAN Dane Ratzloff

FIELD TICKET & TREATMENT REPORT
CEMENT

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
5-7-17	2199	Wheat 2-7	7	22	34	Finney, KS
CUSTOMER			Tennis 11 West 1 South			
MAILING ADDRESS						
CITY			TRUCK #	DRIVER	TRUCK #	DRIVER
STATE			399	MIKE		
ZIP CODE			397	LANCE		
			529	DALE		

JOB TYPE AWP HOLE SIZE 7 7/8 HOLE DEPTH _____ CASING SIZE & WEIGHT 4.5"
 CASING DEPTH 25' 86" DRILL PIPE _____ TUBING 2 3/8 OTHER _____
 SLURRY WEIGHT 13.8 SLURRY VOL 1.42 WATER gall/sk 6.7 CEMENT LEFT in CASING _____
 DISPLACEMENT _____ DISPLACEMENT PSI _____ MIX PSI _____ RATE _____

REMARKS: Softly meeting. Rig up. mix 100 sks of 60/40 p22 mix 490 gal 1/4 flo. mix 300 lbs of
cottonseed hulls with cement (25.29 slurry BBLs) cement at 1500 ft. Perf. Run Tubing. Mix
45 sks. cement from 1028 to 300 ft. 7.3 slurry BBLs. Pull tubing out of hole. mix 70 sks to surface
(11 mix BBLs). mix 3 sks to top of. Rig Down

AFE # 803102

Thanks Dane + crew

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5405A	1	PUMP CHARGE	650.00	650.00
5406	60	MILEAGE	5.25	
5407A	9.46	Ton mileage Delivery	1.75	993.30
1131	220 SKS	60/40 p22 mix	15.86	3489.20
1118R	756	Bentonite	.47	204.33
1107	55	Eto seal	2.97	163.35
1105	300	Cotton seed hulls	.58	174.00
			SWL	5674.18
			LOSS 10%	967.42
			SWL	5106.76
			SALES TAX	
			ESTIMATED TOTAL	

AUTHORIZATION Dennis J. [Signature] 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.