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

KANSAS CORPORATION COMMISSION

OIL & GAS CONSERVATION DIVISION

1207245

March 2009 Type or Print on this Form Form must be Signed All blanks must be Filled

Form CP-4

WELL PLUGGING RECORD K.A.R. 82-3-117

OPERATOR: License #:	API No. 15
Name:	Spot Description:
Address 1:	
Address 2:	Feet from North / South Line of Section
City: State: Zip: +	Feet from East / West Line of Section
Contact Person:	Footages Calculated from Nearest Outside Section Corner:
Phone: ()	NE NW SE SW
Type of Well: (Check one) Oil Well Gas Well OG D&A Cathodic Water Supply Well Other: SWD Permit #: SWD Permit #: SWD Permit #: ENHR Permit #: Gas Storage Permit #: Gas Storage Permit #: SWD Permit #: SWD 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) Storm: T.D. Storm: T.D. Depth to Top: Bottom: T.D. Storm: T.D.	County: Well #: Lease Name: Well #: Date Well Completed: The plugging proposal was approved on: (<i>Date</i>) by: (<i>KCC District Agent's Name</i>) Plugging Commenced: Plugging Completed:
Depth to Top: Bottom: T.D	

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:	Name:					
Address 1:		Address 2:						
City:		State:	Zip:	+				
Phone: ()								
Name of Party Responsible for Plug	gging Fees:							
State of	County,	, SS.						
	(Print Name)		or or Operator on abo					
haing first duly sugars an asthe says	That I have be availed as a fith a factor	statements, and matters barain contained, and the l	on of the chour departhed	wall in an filed and				

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

CONSOLIDATED Oil Well Services, LLC

LOCATION <u>Oikley</u> les FOREMAN Dans, Retaint

47600

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

FIELD TICKET & TREATMENT REPORT

620-431-9210	or 800-467-867	6	CEMENT				KS
DATE	CUSTOMER #	WELL NAME & N	IUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
5-6-14	2199	Welton 2-19		19	21	40	Hamilton
CUSTOMER	_		Tribune				
	Chesepea	Ike Operating	RD5	TRUCK #	DRIVER	TRUCK #	DRIVER
MAILING ADDRESS		Eastinto	399	mike			
				530	Jake.		
CITY		STATE ZIP CODE					
			-				
JOB TYPE	wp	HOLE SIZE 7%	HOLE DEPTH	2819	CASING SIZE & W	/EIGHT <u>4/.s</u>	
CASING DEPTH	1 2819	DRILL PIPE		L		OTHER	
SLURRY WEIGI	HT <u>/Ĵ.g</u>	SLURRY VOL 1.42	WATER gal/sk	6.7	CEMENT LEFT in	CASING	
DISPLACEMEN	Τ	DISPLACEMENT PSI	MIX PSI				
REMARKS: 5	after mee	ling, Rig up. Mi	x 100 sks (25.29 slurry	8815) of 60	140 poz mi	c Yil flo
and Diso	lace 23 RBI	is of water mix o	150 LBS of a	otton seed h	ulls with cer	vent. Run 1	og Perf.
Pump & Bl	315 of Wate	r to establish flo	J. Mix 60 51	63 60/40 (9	.5 mixing ARL	») displace	<u>(BB1</u>
		ing. full tubing e					
		up. Job comple			d	J	/
<u> </u>		/					

AFE # 803142

	Thanks Dane of Crevo.						
ACCOUNT CODE	QUANITY or UNITS	DESCRIPTION of SERVICES or PRODUCT		TOTAL			
5405 H	· · · ·	PUMP CHARGE	875.00	875-00			
5406	75-	MILEAGE	5.25	393.75			
5407A	10.5	Ton mileage Delivery	1.75	1378,12			
1)31	245 585	Ton Mileage Delivery 6940 poz mix	15.86	3885.70			
(1184	842	Bentonite		337,34			
1107	41	Flo Seal	2,97	181.17			
1105	350	Cottonseed Hulls	-58	145.00			
1997 N			346	7026.08			
			1055 10%0	708,60			
			546	6377.48			
				s'			
				· · · · · · · · · · · · · · · · · · ·			
		· · · · · · · · · · · · · · · · · · ·					
Ravin 3737			SALES TAX				
naviii 3/3/	V2 OU		ESTIMATED TOTAL				
AUTHORIZTION	Canno	Truck 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.