



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

**KANSAS CORPORATION COMMISSION 1207537**  
**OIL & GAS CONSERVATION DIVISION**  
**WELL PLUGGING RECORD**  
 K.A.R. 82-3-117

Form CP-4  
March 2009

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

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

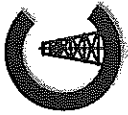
Describe in detail the manner in which the well is plugged, indicating where the mud fluid was placed and the method or methods used in introducing it into the hole. If cement or other plugs were used, state the character of same depth placed from (bottom), to (top) for each plug set.

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

TICKET NUMBER **46894**

LOCATION **Atley KS**

FOREMAN ~~Parin~~ **Trent**

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

**FIELD TICKET & TREATMENT REPORT**  
**CEMENT**

**KS**

DATE 2-24-14	CUSTOMER # 2199	WELL NAME & NUMBER Rock 1-7	SECTION 7	TOWNSHIP 215	RANGE 32w	COUNTY Finney
CUSTOMER Chesapeake Energy			TRUCK # S12	DRIVER Cory D	TRUCK #	DRIVER
MAILING ADDRESS			S30	LANE B		
CITY	STATE	ZIP CODE				

JOB TYPE **Awp** HOLE SIZE \_\_\_\_\_ HOLE DEPTH \_\_\_\_\_ CASING SIZE & WEIGHT **S12**  
 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 exact well service. Mix and pump 150 sks 60/40 pos 49 gal 1 1/4" casing with 250# cotton seed hulls displace 343.4 BBLs press to 700' (37.9 slurry BBLs cement) @ 13.8' per second @ 930' mix 45 sks (11.3 slurry BBL) mix 15A hulls with 45 sks (11.3 slurry BBL). Displace 14 BBLs press to 250' performed @ 365' circulate 100 sks cement @ 2.5 1/2 slurry BBLs thru B-side C-S-U 5 1/2 casing and 5 1/2 / 8 5/8 annulus.**  
**Total cement 340 sks 60/40 pos 49 gal 1 1/4" skew seal 300# hulls**

**Thanks Parin & Crew**

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
S405A	1	PUMP CHARGE	650.00	650.00
S406	45	MILEAGE	5.25	236.25
S407A	14.640	Ten mileage delivery	1.75	1149.75
1131	340 SKS	60/40 pos	1.58	5397.40
1118B	1170 #	Benlonide	1.27	315.90
1107	85 #	Flousoal	2.97	252.45
1105	300 #	Cotton seed hulls	5.8	1740.00
		subtotal		8176.75
		less 10%		817.67
		subtotal		7353.63
		AFE # 803069		

Ravin 3787

AUTHORIZATION **Dennis Field** 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.

**LOG-TECH OF KANSAS, INC.**  
 P.O. BOX 885  
 GREAT BEND, KANSAS 67530  
 (620) 792-2167

INVOICE  
**7951**

Date 4-24-2014

CHARGE TO: Chesapeake Operating Inc.  
 ADDRESS \_\_\_\_\_  
 R/A SOURCE NO. \_\_\_\_\_ CUSTOMER ORDER NO. \_\_\_\_\_  
 LEASE AND WELL NO. Koch #1-7 FIELD \_\_\_\_\_  
 NEAREST TOWN Friend COUNTY Finner STATE KS.  
 SPOT LOCATION NW-NW-SE-NE SEC. 7 TWP. 21S RANGE 32W  
 ZERO 5' AGU CASING SIZE 1 1/2 WEIGHT \_\_\_\_\_  
 CUSTOMER'S T.D. \_\_\_\_\_ LOG TECH #53 FLUID LEVEL Full  
 ENGINEER Lance Gregg OPERATOR J. Welter

PERFORATING				
Description	No. Shots	From	Depth To	Amount
<u>OWEN HSC (3125 332)</u>	<u>4</u>	<u>934</u>	<u>935</u>	<u>850.00</u>
	<u>4</u>	<u>365</u>	<u>366</u>	<u>350.00</u>

DEPTH AND OPERATIONS CHARGES					
Description	Depth From	To	Total No. Ft.	Price Per Ft.	Amount
<u>Death Charge</u>	<u>0</u>	<u>3000</u>	<u>3000</u>	<u>.16</u>	<u>480.00</u>

MISCELLANEOUS		
Description	Quantity	Amount
<u>Service Charge</u>	<u>1</u>	<u>550.00</u>

PRICES SUBJECT TO CORRECTION BY BILLING DEPARTMENT

RECEIVED THE ABOVE SERVICES ACCORDING TO THE TERMS AND CONDITIONS SPECIFIED ON THE REVERSE SIDE TO WHICH WE HEREBY AGREE.

Danise Doh  
 Customer Signature

Date \_\_\_\_\_

Sub Total	<u>2730.00</u>
Code Ref.	
Tool Insurance	
Tax	
	<u>2007.00</u>