



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

KANSAS CORPORATION COMMISSION 1217112
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

REMIT TO
~~FINV~~
Consolidated Oil Well Services, LLC
Dept. 970
P.O. Box 4346
Houston, TX 77210-4346

MAIN OFFICE
P.O. Box 884
Chanute, KS 66720
620/431-9210 • 1-800/467-8676
Fax 620/431-0012

INVOICE

Invoice # 269939

Invoice Date: 07/31/2014 Terms: 0/30/10,n/30

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D.E. EXPLORATION
DOUG EVANS
P.O. BOX 128
WELLSVILLE KS 66092
(785) 883-4057

TEA #WSW-1
47495
NE1-15-21
07/23/2014

Part Number	Description	Qty	Unit Price	Total
1124	50/50 POZ CEMENT MIX	75.00	11.5000	862.50
1118B	PREMIUM GEL / BENTONITE	378.00	.2200	83.16

Sublet Performed	Description	Total
9996-120	CEMENT MATERIAL DISCOUNT	-283.70

Description	Hours	Unit Price	Total
369 80 BBL VACUUM TRUCK (CEMENT)	2.50	100.00	250.00
495 P & A NEW WELL	1.00	1085.00	1085.00
495 EQUIPMENT MILEAGE (ONE WAY)	10.00	4.20	42.00
548 MIN. BULK DELIVERY	.50	368.00	184.00

Amount Due 2576.40 if paid after 08/10/2014

Parts:	945.66	Freight:	.00	Tax:	48.82	AR	2271.78
Labor:	.00	Misc:	.00	Total:	2271.78		
Sublt:	-283.70	Supplies:	.00	Change:	.00		

Signed _____ Date _____



CONSOLIDATED
Oil Well Services, LLC

269939

TICKET NUMBER 47495

LOCATION Ottawa KS

FOREMAN Fred Mader

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

FIELD TICKET & TREATMENT REPORT
CEMENT

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
7.23.14	2355	TEA # WSW-1	NE 1	15	21	JO

CUSTOMER
DE Exploration Inc

MAILING ADDRESS
P.O. Box 128

CITY Wellsville STATE KS ZIP CODE 66092

TRUCK #	DRIVER	TRUCK #	DRIVER
712	Fred Mad		
495	Har Bec		
369	Mik Haa		
548	Dan Wka		

JOB TYPE Plug HOLE SIZE N/A HOLE DEPTH 1000' CASING SIZE & WEIGHT 8" 4 1/2"

CASING DEPTH 800' DRILL PIPE 2" TUBING 1000' TD OTHER _____

SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING Full

DISPLACEMENT N/A DISPLACEMENT PSI _____ MIX PSI _____ RATE 3.3 PPM

REMARKS: Hold crew safety meeting. Rig run 2" tubing to TD.
Fill w/ Cement to surface. Pull 2" tubing. Run Parker
+ set @ 36' Squeeze 30 SKS Cement into formation.

Note: Suspect holes in casing @ 25' + 400' App.

Total 75 SKS 50/50 Por Mix Cement 6% Gel

Fred Mader

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5405N	1	PUMP CHARGE <u>plug to Abandon</u>	495	1065.00 ✓
5406	10	MILEAGE	495	4200.00 ✓
5407	1/2 Minimum	Ten Miles	548	184.00 ✓
5502C	2 1/2	80 BBL Vac Truck	369.	250.00 ✓
1124	75 SKS	50/50 Por Mix Cement	862.50	64687.50 ✓
118B	378 #	Premium Gel Material	83.16	31444.68 ✓
		less 30%	- 283.70	29600.98 ✓
		Total		66196.00
			2574.27	
		7.375%	SALES TAX	48.82 ✓
			ESTIMATED TOTAL	2271.78 ✓

Revin 3737

AUTHORIZATION *Byron Miller*

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.