



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

KANSAS CORPORATION COMMISSION 1217452
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

REMIT TO
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 # 269942

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

Page 1

ALTAVISTA ENERGY INC (FOR TOWN OIL)
4595 K-33 HIGHWAY
P.O. BOX 128
WELLSVILLE KS 66092
(785) 883-4057

J. BELL F #1
47494
SW36-14-20
07/24/2014
KS

Part Number	Description	Qty	Unit Price	Total
1124	50/50 POZ CEMENT MIX	30.00	11.5000	345.00
1118B	PREMIUM GEL / BENTONITE	151.00	.2200	33.22

Sublet Performed	Description	Total
9996-120	CEMENT MATERIAL DISCOUNT	-113.47

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)	25.00	4.20	105.00
548 MIN. BULK DELIVERY	.50	368.00	184.00

Amount Due 2029.27 if paid after 08/10/2014

Parts:	378.22	Freight:	.00	Tax:	18.94	AR	1907.69
Labor:	.00	Misc:	.00	Total:	1907.69		
Sublt:	-113.47	Supplies:	.00	Change:	.00		

Signed _____

Date _____

BARTLESVILLE, OK 918/338-0808 EL DORADO, KS 316/322-7022 EUREKA, KS 620/563-7664 PONCA CITY, OK 580/762-2303 OAKLEY, KS 785/672-8822 OTTAWA, KS 620/242-4044 THAYER, KS 620/839-5269 GILLETTE, WY 307/686-4914 CUSHING, OK 918/225-2650



CONSOLIDATED
Oil Well Services, LLC

269942

TICKET NUMBER 47494
LOCATION Ottawa, KS
FOREMAN Fred Maden

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
7-24-14	3244	J. Bell #1	SW 36	14	20	DG
CUSTOMER <u>Altavista Energy Inc</u>			TRUCK # DRIVER TRUCK # DRIVER			
MAILING ADDRESS <u>P.O. Box 128</u>			712 <u>Fred Mad</u>			
CITY STATE ZIP CODE <u>Wellsville KS</u>			495 <u>How Dec</u>			
			369 <u>Mik Haa</u>			
			548 <u>Dann Wha</u>			

JOB TYPE Plug HOLE SIZE N/A HOLE DEPTH 630 CASING SIZE & WEIGHT 2"
CASING DEPTH 616 DRILL PIPE _____ TUBING _____ OTHER _____
SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING Full
DISPLACEMENT N/A DISPLACEMENT PSI _____ MIX PSI _____ RATE 1-1/2 BPM

REMARKS: Hold crew safety meeting. Rig run 1" tubing to TD.
Fill to surface w/ cement. Pull 1" tubing. Top off
well w/ cement. Wash out 1" tubing.

Total 30 SKS 50/50 Por Mix Cement 1 1/2 Gal.

Fred Maden

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5405N	1	PUMP CHARGE / log to Abandon	495	1085 ⁰⁰ ✓
5406	25 mi	MILEAGE	495	105 ⁰⁰ ✓
5407	1/2 Mile / hour	Ten Miles	548	184 ⁰⁰ ✓
5502C	2 1/2 hrs	80 BBL Vac Truck	369	250 ⁰⁰ ✓
1124	30 SKS	50/50 Por Mix Cement	345 ⁰⁰	✓
116B	151 SKS	Premium Gel	333 ³³	✓
		Material	378 ²³	
		Less 30%	- 113 ⁴⁷	✓
		Total		264 ²⁵
			2029.26	
		2.15%	SALES TAX	18.94 ✓
			ESTIMATED TOTAL	1907.69 ✓

Havitt 9737

AUTHORIZATION Bryan Mills 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