



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

KANSAS CORPORATION COMMISSION 1220455
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
800-431-9210 or 800-467-8676

TICKET NUMBER 46821
LOCATION Oakleaf KS
FOREMAN Jeremy

FIELD TICKET & TREATMENT REPORT CEMENT

CUSTOMER # 2199 WELL NAME & NUMBER Langraf D SECTION 28 TOWNSHIP 21 RANGE 32 COUNTY Finney
 CUSTOMER Chesapeake HOLE DEPTH 128 TRUCK # 399 DRIVER Jeremy R
 HOLE SIZE 6.0 in WATER gal/sk 35 MIX PSI 4 CEMENT LEFT IN CASING 4 1/2
 STATE KS ZIP CODE N, with DISPLACEMENT PSI 13 RATE 492
 DRILL PIPE 39.7 TRUCK # 566 DRIVER Rob S
 SLURRY VOL assist TRUCK # 5 DRIVER Bill S

REMARKS: Safety meeting & rig up on wellhead with 110 sks with 200 bulls pressure
to 500 ft run 60/40 per @ 400 mix 90 sks 60/40 per mix 48 gal 14 #
Flowal & circulated cement to pit pressure up to 100 # & shut in

*Thank you
Jeremy & crew*

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5405 A	1	PUMP CHARGE	875.00	875.00
5406	5.5	MILEAGE	0.25	288.75
5407 A	8.2	for mileage delivery	1.75	789.25
1131	190 sks	60/40 per mix	15.86	3013.40
1186	654 #	gel	27	176.58
1107	48 #	Flowal	297	142.56
1105	200 #	condensed bulls	58	116.00
AFE 203194				
SALES TAX				
ESTIMATED TOTAL				5407

AUTHORIZATION Demetrius Dink TITLE _____ DATE _____
 SALES TAX _____ ESTIMATED TOTAL 5407

we 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.

Daily Operations

Property Number: 218288
Well Name: LANDGRAF D 1-28



Role Production Engineer	Contact Name Doug Kathol	Role Production Superintendent	Contact Name Bud Neff	Role Production Foreman	Contact Name Dennis Frick
API Number 1505520209	State KANSAS	County FINNEY	Well Config VERTICAL	Original RXB (ft) 2,915.0	KB-Ground Dist... 8/1/1976
First Sales Oil 12/12/1975		First Sales Gas 8/1/1976			
Jobs					
Job Category Workover	Primary Job Type Abandon	Secondary Job Type Plug & Abandon Well	Start Date 7/24/2014	End Date 7/24/2014	Job Status Active
Project Description PLUGGING WELL					
Job Dates					
Date	Type	Sub Type	Note		
Daily Operations					
Report Start Date 7/24/2014	Report End Date 7/24/2014	Activity Type	AFE Number 803194	Supp AFE #	Daily Cost Total (Cost) 22,980
Cum To Date (Cost) 22,980					
Daily Contacts					
Responsible Engineer		Position		Job Contact	
Superintendent		Doug Kathol		Yes	
CHK Supervisor		Bud Neff		Yes	
		Dennis Frick		Yes	
Daily Operations: Report # 1, Report Date - 7/24/2014					
24-Hr Summary LAY RODS AND TBG DOWN PLUGGING WELL					
Description of Work MIRU EXACT WELL SVC RIH 7 # HPJUSAM TOH W/ RODS PMP AND TBG LAY DOWN IN SINGLES. MIRU CONSOLIDATED SERVICES AND THE HUB WATER TRUCK HPJUSAM, STAGE 1 # MIX AND PUMP DOWN 4 1/2 CSG W/ 100 SKS W/ 200 # COTTON SEED HULLS PRESSURE TESTED TO 500 PSI HELD. LD. RAN CBL TOP OF CEMENT @ 740' PERFORATED @ 400'. STAGE 2 # BACK ON 4 1/2 MIX AND PMP 90 SKS 60/40 POZ 4 % GEL CIRCULATE TO SURFACE. WELL IS PLUGGED. RDMO FINAL STATE MAN KEN JEHLIK WORK LEFT TO DO CUT OFF CSG WELD ON ID PLATE HAUL OFF RODS TBG AND PUMPING UNIT DROP FROM REPORT.					
Planned Activity WELL IS PLUGGED					
Field Observations					
Corrosion Type Foreign Material Type					
Daily Costs					
Cost Des Plug and Abandon	Code 1 233	Code 2 450	Field Est (Cost) 22,980.00	Note	Vendor Carry forward? No