



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

KANSAS CORPORATION COMMISSION 1223980
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

TICKET NUMBER 47683
LOCATION Oakley, Ks.
FOREMAN Dannen

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

FIELD TICKET & TREATMENT REPORT
CEMENT

Ko.

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY	
9/4/14	2199	Russell 1-30	30	22	31	Finney	
CUSTOMER Chesapeake		Scott City 5 To Weeber Rd E To 16 mile Rd 3 1/2 S		TRUCK #	DRIVER	TRUCK #	DRIVER
MAILING ADDRESS				731	Cory		
CITY		STATE		529	Cody		
		ZIP CODE					

JOB TYPE AWS HOLE SIZE _____ HOLE DEPTH _____ CASING SIZE & WEIGHT 4 1/2
 CASING DEPTH _____ DRILL PIPE _____ TUBING 2 3/8 OTHER _____
 SLURRY WEIGHT 13 SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING _____
 DISPLACEMENT _____ DISPLACEMENT PSI _____ MIX PSI _____ RATE Perf 2700 to 2710

REMARKS: Safety Meeting Rig up on Exact #1 mix 90 SKS 6 1/4 4% Gel 1/4 Floseal with 200* Hulls Down Casing Displace with 21 bbl water to 700* it Held Bleed off unhook From Casing Log hole Run Tubing To 1320' mix 90 SKS Displace 2 bbl water Pull Tubing Hook up To Casing mix 80 SKS Cement + Top off with 10 SKS Cement

AFE # 803197

Thanks Dannen & Crew

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5405 A	1	PUMP CHARGE	\$650.00	\$650.00
5406	60	MILEAGE	\$5.25	NC
5407 A	11.61	Ton Mileage Delivery	\$1.25	\$1219.05
1131	270 SKS	6 1/4 Poz mix	\$15.86	\$4282.20
1118 B	929 *	Bentonite	\$0.27	\$250.83
1107	68 *	Floseal	\$2.93	\$201.96
1105	200 *	Cotton Seed Hulls	\$0.58	\$116.00
			Sub Total	\$6720.04
			Less 10%	\$672.00
			Sub Total	\$6048.04
			SALES TAX	
			ESTIMATED TOTAL	

Ravin 3797

AUTHORIZATION Dannen Driel

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

8154

Date 1-4-14

CHARGE TO: Chempack Operator, Inc.
 ADDRESS _____
 R/A SOURCE NO. _____ CUSTOMER ORDER NO. AGE 203197
 LEASE AND WELL NO. Russell #1 30 FIELD _____
 NEAREST TOWN _____ COUNTY Taney STATE KS
 SPOT LOCATION L 3E SEC. 2 TWP. 27S RANGE 11W
 ZERO 06 CASING SIZE 4 1/2" WEIGHT _____
 CUSTOMER'S T.D. _____ LOG TECH _____ FLUID LEVEL _____
 ENGINEER David A OPERATOR 11/16/14/14

PERFORATING					
Description	No. Shots	Depth		Amount	
		From	To		
<u>Deep Well 3125-337 Square Holes</u>	<u>4</u>	<u>350</u>	<u>381</u>		
					<u>20 00</u>

DEPTH AND OPERATIONS CHARGES					
Description	Depth		Total No. Ft.	Price Per Ft.	Amount
	From	To			
<u>Primary/Sec/Board</u>	<u>0</u>	<u>1400</u>	<u>1400</u>	<u>2.51</u>	<u>730 00</u>
	<u>1400</u>	<u>0</u>	<u>1400</u>	<u>2.99</u>	<u>530 00</u>

MISCELLANEOUS		
Description	Quantity	Amount
Service Charge	<u>1</u>	<u>50 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.

Domino Dzub 1-4-14
 Customer Signature Date

Sub Total	<u>2910 00</u>
Code Ref. Tool Insurance	
Tax	
	<u>2765 00</u>