



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

KANSAS CORPORATION COMMISSION 1223987  
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  
620-431-9210 or 800-467-8676

TICKET NUMBER 47682  
LOCATION Oakley Ks.  
FOREMAN Dauen

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

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
9/4/14	2199	Winters 2-16	16	22	31	Finney
CUSTOMER			TRUCK #	DRIVER	TRUCK #	DRIVER
Chesapeake			731	Cory		
MAILING ADDRESS			693	Jordan		
Scott City S To Janis Rt E To Scott Rd 1 1/2 S W into			529	Cody		
CITY	STATE	ZIP CODE				

JOB TYPE AWP 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 Per Fs 2698 To 2708

REMARKS: Safety Meeting Rig up on Exact #1 mix 85 sks 6 1/4% Gel 1/4" Flosea 1 with 200\* Hulls Down Casing Displace 22.5 bbl water to 700\* it Held Bleed off unhook from Casing Log hole Run Tubing to 1400' mix 105 sks Cement Dis place 2 bbl water unhook + Pull Tubing mix 15 sks to fill surface pipe + 15 sks to Top off Casing

AFE # 803198

Thanks Dauen & Crew

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5405A	1	PUMP CHARGE	\$ 875.00	\$ 875.00
5406	60	MILEAGE	\$ 5.25	\$ 315.00
5407A	9.46	Ton Mileage Delivery	\$ 1.25	\$ 993.30
1131	230 sks	6 1/4 Poz mix	\$ 15.86	\$ 3727.19
1118B	757 #	Bentonite	\$ .27	\$ 204.39
1107	55 #	Flosea 1	\$ 2.97	\$ 163.65
4404	1	4 1/2 Rubber Plug	\$ 55.75	\$ 55.75
1105	200 #	Cotton Seed Hulls	\$ .58	\$ 116.00
			SubTotal	\$ 6450.19
			Less 10%	\$ 645.01
			SubTotal	\$ 5805.18
			SALES TAX	
			ESTIMATED	
			TOTAL	

Ravin 3797

AUTHORIZATION Dennis Paul 9-4-14 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

8153

Date 7-9-14

CHARGE TO: [REDACTED] Winters # 2-16  
 ADDRESS \_\_\_\_\_  
 R/A SOURCE NO. \_\_\_\_\_ CUSTOMER ORDER NO. ATE 03198  
 LEASE AND WELL NO. Winters # 2-16 FIELD \_\_\_\_\_  
 NEAREST TOWN \_\_\_\_\_ COUNTY Lancy STATE KS  
 SPOT LOCATION 15 SEC. 16 TWP. 27S RANGE 11W  
 ZERO \_\_\_\_\_ CASING SIZE 1 1/2" WEIGHT \_\_\_\_\_  
 CUSTOMER'S T.D. \_\_\_\_\_ LOG TECH \_\_\_\_\_ FLUID LEVEL Full  
 ENGINEER [Signature] OPERATOR [Signature]

PERFORATING						
Description	No. Shots	Depth		Amount		
		From	To			

DEPTH AND OPERATIONS CHARGES						
Description	Depth		Total No. Ft.	Price Per Ft.	Amount	
	From	To				
<u>Winters # 2-16</u>	<u>0</u>	<u>1400</u>	<u>1400</u>	<u>.21</u>	<u>294.00</u>	<u> </u>
<u>Winters # 2-16</u>	<u>1400</u>	<u>0</u>	<u>1400</u>	<u>.29</u>	<u>406.00</u>	<u> </u>

MISCELLANEOUS			
Description	Quantity	Amount	
Service Charge	<u>1</u>	<u>150.00</u>	<u> </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.

[Signature] Date 7-9-14  
Customer Signature

Sub Total	<u>790.00</u>
Code Ref. Tool Insurance	
Tax	
<u> </u>	<u>1957.00</u>