



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

KANSAS CORPORATION COMMISSION 1225035
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



TICKET NUMBER 47696

LOCATION Oakley Ks.

FOREMAN Daven

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
9/18/14	2199	Thurrow 3-11	11	23	41	Hamilton
CUSTOMER		Syracuse		TRUCK #		DRIVER
MAILING ADDRESS		N To Rd 15		731		Cory
CITY		STATE		693		Lance
ZIP CODE				530		Eric

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

REMARKS: Safety Meeting Rig up on Well head mix 180 SKs 60/40 4% Gel 1/4 Floseal Pressure to 400* Hook up To Backside mix 15 SKs unhook Rig Down

AFE # 803110

Thanks Daven + Crew

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5405 A	1	PUMP CHARGE	\$650.00	\$650.00
5406	75	MILEAGE	\$5.25	NC
5407 A	8.39	Ton mileage Delivery	\$1.75	\$1468.18
1131	195 SKs	60/40 Poz mix	\$15.86	\$3092.70
1118 B	671 #	Bentonite	\$0.27	\$181.17
1107	49 #	Floseal	\$2.92	\$145.53
1105	250 #	Cotton Seed Hulls	\$0.58	\$145.00
			SubTotal	\$5315.58
			Less 10%	\$531.56
			SubTotal	\$4784.02
			SALES TAX	
			ESTIMATED TOTAL	

AUTHORIZATION Dennis Dail 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

8182

Date 9-15-2014

CHARGE TO: Chesapeake Operating, Inc.
 ADDRESS _____
 R/A SOURCE NO. _____ CUSTOMER ORDER NO. AFE 802976
 LEASE AND WELL NO. Goold A# 7-11 FIELD _____
 NEAREST TOWN Tribune COUNTY Hamilton STATE K.S.
 SPOT LOCATION _____ SEC. 11 TWP. 22S RANGE 41W
 ZERO Ground Level CASING SIZE 5 1/2 WEIGHT _____
 CUSTOMER'S T.D. _____ LOG TECH # 53 FLUID LEVEL Full
 ENGINEER Lance Gregg OPERATOR J. Vetcher

PERFORATING

Description	No. Shots	Depth		Amount
		From	To	
<u>OWEN HSC (3125-372)</u>	<u>4</u>	<u>290</u>	<u>291</u>	<u>850⁰⁰</u>

DEPTH AND OPERATIONS CHARGES

Description	From	Depth To	Total No. Ft.	Price Per Ft.	Amount
<u>" " "</u>	<u>700</u>	<u>0</u>	<u>14.2</u>	<u>29</u>	<u>550⁰⁰</u>

MISCELLANEOUS

Description	Quantity	Amount
<u>Service Charge</u>	<u>1</u>	<u>550⁰⁰</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.

Dennis J. [Signature] 9-15-2014
 Customer Signature Date

Sub Total	<u>2,600⁰⁰</u>
Code Ref. Tool Insurance	
Tax	
	<u>2340⁰⁰</u>