



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

KANSAS CORPORATION COMMISSION 1227298
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

BARTLESVILLE, OK 918/338-0808

EL DORADO, KS 316/322-7022

EUREKA, KS 620/583-7664

PONCA CITY, OK 580/762-2303

OAKLEY, KS 785/672-8822

OTTAWA, KS 785/242-4044

THAYER, KS 620/839-5269

GILLETTE, WY 307/686-4914

CUSHING, OK 918/225-2650

Signed _____

Date _____

Parts:	7212.56	Freight:	.00	Tax:	512.81	AR	9811.61
Labor:	.00	Misc:	.00	Total:	9811.61		
Sublt:	-1033.21	Supplies:	.00	Change:	.00		

Amount Due 10901.80 if paid after 08/10/2014

Part Number	Description	Qty	Unit Price	Total
1131	60/40 POZ MIX	390.00	15.8600	6185.40
118A	S-5 GEL/ BENTONITE (50#)	1341.00	.2700	362.07
1107	FLO-SEAL (25#)	97.00	2.9700	288.09
1105	COTTONSEED HULLS	650.00	.5800	377.00
9995-130	CEMENT EQUIPMENT DISCOUNT			-311.95
9996-130	CEMENT MATERIAL DISCOUNT			-721.26
399	P & A OLD WELL	1.00	875.00	875.00
399	EQUIPMENT MILEAGE (ONE WAY)	65.00	5.25	341.25
530	TON MILEAGE DELIVERY	1.00	1903.20	1903.20

BOB CREEK OIL COMPANY
 1304 EISENHOWER ROAD
 HAYS KS 67601
 (785) 650-1738
 KS
 7-22-14
 20-1-32
 46772
 WILHELM UNIT #25-WICK

INVOICE # 270022
 Invoice Date: 07/31/2014 Terms: 10/10/10,n/30
 Page 1

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
 Pd #1350

Form 3737

AUTHORIZATION

[Signature]

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.

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
9405 A	1	PUMP CHARGE	875.00	875.00
5406	6.5	MILEAGE	5.85	381.25
5407A	16.77	Ton Mileage Delivery	1.75	1903.20
1131	390 gks	60/40 Poz Mix	15.86	6185.40
118W	1341	Bentonite	.87	362.07
1107	97	Flo Seal	2.97	288.09
1165	670	Cottonseed Halls	.58	377.00
				10,332.01
				1090
				9298.80
				512.81
				9811.61

I thank you for your service

REMARKS: Safety meeting. Rig up. Pump 10 gals. mix 100 gks of 60/40. Displace 10. Pull 42 joints. Tubing at 1300 ft. mix 100 gks Displace 5 gals Pull tubing to 1300 ft. Had return. mix 100 gks Displace 2. Good returns. mix 30 gks to top off. mix 60 gks on 5 1/2 casing. 30 psi max. Plug acceptable. Wash up. Rig down.

JOB TYPE AWP HOLE SIZE 7 7/8 HOLE DEPTH 4200 CASING SIZE & WEIGHT 4 1/2 good 8 3/8 surface
 CASING DEPTH 4195 DRILL PIPE No. TUBING OTHER RATE
 SLURRY WEIGHT 13.8 SLURRY VOL 1.42 WATER gals/g 6.7 CEMENT LEFT IN CASING RATE
 DISPLACEMENT DISPLACEMENT PSI MIX PSI MIX PSI

CITY		STATE	ZIP CODE
MAILING ADDRESS			
CUSTOMER <u>Bow Creek</u>			
DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION
<u>7-22-14</u>	<u>1751</u>	<u>Wilhelm Unit # 25</u>	<u>80</u>
DRIVER	TRUCK #		
<u>Kavins</u>	<u>32</u>		
DRIVER	TRUCK #		
<u>Mike</u>	<u>399</u>		
DRIVER	TRUCK #		
<u>Lance</u>	<u>530</u>		

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



CEMENT FIELD TICKET & TREATMENT REPORT

270022

TICKET NUMBER 46772
 LOCATION Oakley KS
 FOREMAN Dave Rethoff