



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

KANSAS CORPORATION COMMISSION 1231920  
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, Cheate, KS 66720  
620-431-9210 or 800-467-8676

TICKET NUMBER 47794  
LOCATION Oakley, Ks.  
FOREMAN Dawn

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

Ks.

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
11/4/14	2199	Kisner 1-15	15	24	31	Finney
CUSTOMER <u>Chesapeake</u>		Garden City 50 E To Pole Line Rd 1 1/4 E 1/4 N winto	TRUCK #	DRIVER	TRUCK #	DRIVER
MAILING ADDRESS			731	Jermey		
CITY			530	Lance		
STATE				Larry		
ZIP CODE						

JOB TYPE RWP HOLE SIZE \_\_\_\_\_ HOLE DEPTH \_\_\_\_\_ CASING SIZE & WEIGHT 4 1/2  
 CASING DEPTH \_\_\_\_\_ DRILL PIPE \_\_\_\_\_ TUBING 2 3/8 OTHER \_\_\_\_\_  
 SLURRY WEIGHT 138 SLURRY VOL 1.42 WATER gal/sk \_\_\_\_\_ CEMENT LEFT in CASING \_\_\_\_\_  
 DISPLACEMENT \_\_\_\_\_ DISPLACEMENT PSI \_\_\_\_\_ MIX PSI \_\_\_\_\_ RATE \_\_\_\_\_

REMARKS: Safety Meeting Rig up on Well Head mix 150 sks Cement with 250\* Hulls  
Log Hole Run Tubing To 1150' mix 130 sks Cement to Surface Pull Tubing  
mix 6 sks To Plug Back side + 25 sks To Top off Casing Rig Down

AFE #803275

*Thanks Dawn + Crew*

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5405A	1	PUMP CHARGE	\$ 875.00	\$ 875.00
5406	85	MILEAGE	\$ 5.25	\$ 446.25
5407A	13.37	Ton Mileage Delivery	\$ 14.15	\$ 1988.78
1131	311 SKS	60/40 Poz mix	\$ 15.86	\$ 4932.46
1118B	1070 #	Bentonite	\$ .27	\$ 288.90
1107	78 #	Flo Seal	\$ 2.92	\$ 227.76
1105	250*	Cotton Seed Hulls	\$ .58	\$ 145.00
4406	1	5/2 Rubber Plug	\$ 92.50	\$ 92.50
			Sub Total	\$ 9000.55
			Less 10%	\$ 900.05
			Sub Total	\$ 8100.50
			SALES TAX	
			ESTIMATED TOTAL	

Revin 3737

AUTHORIZATION Dennis Fried 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  
**8265**

Date 11-4-2014

CHARGE TO: Chesapeake Operating  
 ADDRESS \_\_\_\_\_  
 R/A SOURCE NO. \_\_\_\_\_ CUSTOMER ORDER NO. AFE 803275  
 LEASE AND WELL NO. Kemper # 1-15 FIELD \_\_\_\_\_  
 NEAREST TOWN Garden City COUNTY Finney STATE KS  
 SPOT LOCATION 1370' ELS 1270' RLL SEC. 15 TWP. 21S RANGE 31W  
 ZERO Ground Level CASING SIZE 5 1/2 WEIGHT \_\_\_\_\_  
 CUSTOMER'S T.D. \_\_\_\_\_ LOG TECH # 57 FLUID LEVEL Full  
 ENGINEER Lance Gregg OPERATOR J. Watcher

PERFORATING				
Description	No. Shots	Depth		Amount
		From	To	

DEPTH AND OPERATIONS CHARGES						
Description	From	Depth		Total No. Ft.	Price Per Ft.	Amount
		To				
<u>Run 6 R/CCL Tool</u>	<u>0</u>	<u>1000</u>	<u>1000</u>	<u>31</u>	<u>930</u>	<u>00</u>
<u>" " "</u>	<u>1000</u>	<u>0</u>	<u>1500</u>	<u>29</u>	<u>435</u>	<u>00</u>

MISCELLANEOUS		
Description	Quantity	Amount
<u>Service Charge</u>	<u>1</u>	<u>550</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.

Sub Total	<u>2060</u>	<u>00</u>
Code Ref. .... Tool Insurance		
..... Tax		
	<u>1957</u>	<u>00</u>

Lance Gregg 11-4-2014  
 Customer Signature Date