



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

**KANSAS CORPORATION COMMISSION 1231939**  
**OIL & GAS CONSERVATION DIVISION**  
**WELL PLUGGING RECORD**  
 K.A.R. 82-3-117

Form CP-4  
 March 2009

**Type or Print on this Form**  
**Form must be Signed**  
**All blanks must be Filled**

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 47857  
LOCATION Capkey KS  
FOREMAN Jerry Y

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

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
10-31-14	2199	Stevens 1-27	27	23	31W	Ringey
CUSTOMER			TRUCK #			
MAILING ADDRESS			DRIVER		TRUCK #	
CITY			DRIVER		TRUCK #	
STATE			DRIVER		TRUCK #	
ZIP CODE			DRIVER		TRUCK #	

JOB TYPE OH P HOLE SIZE \_\_\_\_\_ HOLE DEPTH \_\_\_\_\_ CASING SIZE & WEIGHT 5/2  
 CASING DEPTH \_\_\_\_\_ DRILL PIPE \_\_\_\_\_ TUBING 1 1/2" OTHER per @ 2663-73  
 SLURRY WEIGHT 13.8 SLURRY VOL \_\_\_\_\_ WATER gal/sk \_\_\_\_\_ CEMENT LEFT in CASING \_\_\_\_\_  
 DISPLACEMENT \_\_\_\_\_ DISPLACEMENT PSI \_\_\_\_\_ MIX PSI \_\_\_\_\_ RATE \_\_\_\_\_

REMARKS: Softy meeting & stop upon well head plug as ordered with 290 SKS  
60/40 poz mix 4% gel 1/2 # flo seal pt sk  
150 SKS @ 2663 w/200 # cottonseed hulls  
115 SKS @ 1180 down tubing  
10 SKS on back side  
15 SKS to top off

*Thank you*  
*Jerry & crew*

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5405A	1	PUMP CHARGE	875 <sup>00</sup>	875 <sup>00</sup>
5406	85	MILEAGE	525	446 <sup>25</sup>
5407	12.5	ton mileage delivery	125	1859 <sup>38</sup>
113P	290 SKS	60/40 poz mix	18 <sup>38</sup>	4599 <sup>40</sup>
118B	998 #	gel	27	269 <sup>46</sup>
1107	73 #	flo seal	292	216 <sup>81</sup>
1105	200 #	cottonseed hulls	58	116 <sup>00</sup>
			Subtotal	8382 <sup>31</sup>
			less 10% disc	8382 <sup>31</sup>
			Subtotal	7544 <sup>98</sup>
			SALES TAX	
			ESTIMATED	
			TOTAL	

AFF 803193

AUTHORIZATION Dennis Paul TITLE Production Forman 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.

