



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

KANSAS CORPORATION COMMISSION 1231972
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 47725
LOCATION Oakley Ks.
FOREMAN Dauen

FIELD TICKET & TREATMENT REPORT
CEMENT

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
10/30/14	2199	Merrill 1-22	22	23	31	Finney
CUSTOMER			Ks.			
Mailing Address			TRUCK #	DRIVER	TRUCK #	DRIVER
Chesapeake			731	Kelly		
Garden City			528	Robert		
Hwy 156 E To Lowe Rd 2 1/4 E on Co Rd N into						
CITY	STATE	ZIP CODE				

JOB TYPE AWP HOLE SIZE _____ HOLE DEPTH _____ CASING SIZE & WEIGHT 5 1/2 15.5
 CASING DEPTH _____ DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT 13.8 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 120 SKs 60/40 4% Gel 1/4" Floseal with 200# Halls + Displace 30.5 bbl water + pressure to 500# it held. Log Hole Run Tubing in to 1200' mix 120 SKs Cement Displace with 1/2 bbl Pull Tubing Top off Casing with 20 SKs + Backside with 10 bbls. Rig Down

AFE #803196

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	75	MILEAGE	\$ 5.25	\$ 393.75
5407A	11.61	Ton Mileage Delivery	\$ 1.75	\$ 1523.81
1131	270 SKs	60/40 102 mix	\$ 15.86	\$ 4282.20
1118 B	929 #	Bentonite	\$.27	\$ 250.83
1107	68 #	Floseal	\$ 2.97	\$ 201.96
1105	200 #	Cotton Seed Hulls	\$.58	\$ 116.00
4406	1	5/2 Rubber Plug	\$ 92.50	\$ 92.50
			SubTotal	\$ 7736.05
			Less 10%	\$ 773.60
			SubTotal	\$ 6962.45
			SALES TAX	
			ESTIMATED TOTAL	

AUTHORIZATION Dennis J. Paul TITLE Production Foreman DATE 10-30-14

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

8250

Date 10-30-2014

CHARGE TO: Cherokee Operating, LLC
ADDRESS _____

R/A SOURCE NO. _____ CUSTOMER ORDER NO. A/E 803196

LEASE AND WELL NO. Merrill # 1-22 FIELD Hugolan Gas Area

NEAREST TOWN Garden City COUNTY Finney STATE _____

SPOT LOCATION SW-SW-NE SW SEC. 226 TWP. 736 RANGE 71W

ZERO Ground Level CASING SIZE 5 1/2 WEIGHT _____

CUSTOMER'S T.D. _____ LOG TECH # 57 FLUID LEVEL Full

ENGINEER Lance Gregg OPERATOR S. Welter

PERFORATING					
Description	No. Shots	From	Depth	To	Amount

DEPTH AND OPERATIONS CHARGES						
Description	From	Depth	To	Total No. Ft.	Price Per Ft.	Amount
<u>Run 6 RTCC 1/2" Depth</u>	<u>0</u>			<u>Min</u>	<u>.31</u>	<u>620.00</u>
				<u>Max</u>	<u>.29</u>	<u>550.00</u>

MISCELLANEOUS			
Description	Quantity	Amount	
Service Charge	1	550.00	

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.

Lance Gregg Date Oct 30 2014

Sub Total			1750.00
Code Ref.	Tool Insurance		
	Tax		
			1575.00