



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

KANSAS CORPORATION COMMISSION 1233733  
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

TICKET NUMBER **47869**

LOCATION **Oakley KS**

FOREMAN **Jerry Y**

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	
11-24-14	2199	Garden City 1-13	13	24S	34W	Finney	
CUSTOMER		83+Barbed 6 W 3/4" winto		TRUCK #	DRIVER	TRUCK #	DRIVER
MAILING ADDRESS		Chesapeake		399	Cory D		
CITY		STATE	ZIP CODE	528 T-127	Cody R		

JOB TYPE **OKP** HOLE SIZE \_\_\_\_\_ HOLE DEPTH \_\_\_\_\_ CASING SIZE & WEIGHT **5 1/2**  
 CASING DEPTH \_\_\_\_\_ DRILL PIPE \_\_\_\_\_ TUBING **2 3/8** 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 Exact W.S. plug as ordered with 380 SKS  
 60/40 puz 4% gel 4 1/2 lb seal**

**140 SKS @ 25.35' with 300# hulls  
 80 SKS @ 1000' (40 SKS annulus + 40 SKS in casing with 50# hulls)  
 110 SKS @ 350' circulating cement to surface  
 10 SKS top off**

*Thank you  
 Jerry's crew*

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5405A	1	PUMP CHARGE	875.00	875.00
5406	70	MILEAGE	5.25	367.50
5407A	14.62		1.25	1790.95
1131	340 SKS	60/40 puz mix	15.85	5392.90
1118b	470 #	gel	0.7	315.90
1107	85 #	410 seal	2.97	252.45
1105	350 #	cottonseed hulls	58	203.00
			Subtotal	8829.70
			less 1000.00	882.97
			Subtotal	7946.73
<b>AFE 803144</b>				
			SALES TAX	
			ESTIMATED TOTAL	

RAVIN 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  
**8305**

Date 11-24-2014

CHARGE TO: Cherokee Operating, Inc.  
 ADDRESS \_\_\_\_\_  
 R/A SOURCE NO. \_\_\_\_\_ CUSTOMER ORDER NO. 803144  
 LEASE AND WELL NO. Garden City #1-13 FIELD \_\_\_\_\_  
 NEAREST TOWN Hulcomb COUNTY Finney STATE K.S.  
 SPOT LOCATION 1320' PM 5 1320' TLL SEC. 17 TWP. 27S RANGE 74W  
 ZERO Ground level CASING SIZE 5 1/2 WEIGHT \_\_\_\_\_  
 CUSTOMER'S T.D. \_\_\_\_\_ LOG TECH ESS FLUID LEVEL Fall  
 ENGINEER Lance Gregg OPERATOR T. Watcher

### PERFORATING

Description	No. Shots	Depth		Amount
		From	To	
<u>OWEN HSC (3125-332)</u>	<u>4</u>	<u>1000</u>	<u>1001</u>	
	<u>4</u>	<u>350</u>	<u>351</u>	
				<u>1200.00</u>

### DEPTH AND OPERATIONS CHARGES

Description	Depth		Total No. Ft.	Price Per Ft.	Amount
	From	To			
<u>Run GR tool joint</u>	<u>0</u>	<u>1000</u>	<u>1000</u>	<u>M.1</u>	<u>930.00</u>
<u>Log</u>	<u>1000</u>	<u>0</u>	<u>1000</u>	<u>M.1</u>	<u>580.00</u>

### MISCELLANEOUS

Description	Quantity	Amount
<u>Service Charge</u>	<u>1</u>	<u>550.00</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.

[Signature] 11-24-14  
 Customer Signature Date

Sub Total	<u>3260.00</u>
Code Ref. Tool Insurance	
Tax	
	<u>3097.00</u>