



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

KANSAS CORPORATION COMMISSION 1233786
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

TICKET NUMBER 46593
LOCATION Oakley KS
FOREMAN Dane Reteloff

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
11/20/14	2199	Wood 3-13	13	21	41	Hamilton
CUSTOMER			KS			
MAILING ADDRESS			TRUCK #	DRIVER	TRUCK #	DRIVER
CITY			399	Mike		
STATE			530	Bill		
ZIP CODE						

JOB TYPE OHP HOLE SIZE _____ HOLE DEPTH _____ CASING SIZE & WEIGHT _____
 CASING DEPTH _____ DRILL PIPE _____ TUBING 2 7/8 OTHER _____
 SLURRY WEIGHT 13.8 SLURRY VOL 1.42 WATER gal/sk 6.7 CEMENT LEFT in CASING _____
 DISPLACEMENT _____ DISPLACEMENT PSI _____ MIX PSI _____ RATE _____

REMARKS: Safety meeting. Rig up. 1st plug at 1710. Mix 70 sks of 60/40 pull 25 jts
Determine top of cement at 795. Run tubing back in hole. Mix 60 sks of 60/40
fill cement circulated. Top off with 10 sks. Top off backside with 10 sks
Wash up. Plug complete.

AFE # 803073

Thanks Dane & crew

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5405A	1	PUMP CHARGE	650.00	650.00
5406	75	MILEAGE	5.25	393.75
5407A	6.45	Top Mileage Delivery	1.25	846.56
1131	150 sks	60/40 Poz Mix	15.86	2379.00
118A	516 #	Bentonite	.27	139.32
1107	38	Flo Seal	2.97	112.86
1105	300 #	Cottonseed Hells	.58	174.00
			Sub	4695.44
			less 10%	469.59
			Total	4225.90
			SALES TAX	
			ESTIMATED TOTAL	

AUTHORIZATION Dennis Fitch 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
8292

Date 11-20-14

CHARGE TO: Chimney Operating, Inc.
 ADDRESS _____
 R/A SOURCE NO. _____ CUSTOMER ORDER NO. 415203072
 LEASE AND WELL NO. Wood #13-13 FIELD _____
 NEAREST TOWN _____ COUNTY Hamilton STATE Ks
 SPOT LOCATION C-NW/4-30/4 SEC. 13 TWP. 24S RANGE 11W
 ZERO _____ CASING SIZE _____ WEIGHT _____
 CUSTOMER'S T.D. _____ LOG TECH _____ FLUID LEVEL _____
 ENGINEER W. J. J. J. OPERATOR Heath Butler

PERFORATING				
Description	No. Shots	From	Depth To	Amount
<u>Open cut 1687-409</u>	<u>1</u>		<u>1710</u>	<u>450.00</u>
<u>" " " "</u>	<u>1</u>		<u>2007</u>	<u>250.00</u>

DEPTH AND OPERATIONS CHARGES					
Description	From	Depth To	Total No. Ft.	Price Per Ft.	Amount
<u>Gamma Ray 1001/Bond</u>	<u>0</u>	<u>334</u>	<u>MTN</u>	<u>.31</u>	<u>930.00</u>
	<u>734</u>	<u>0</u>	<u>MTN</u>	<u>.29</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.

W. J. J. J. 11/20/14
 Customer Signature Date

Sub Total	<u>3360.00</u>
Code Ref. Tool Insurance	
Tax	
Total	<u>3192.00</u>