



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

KANSAS CORPORATION COMMISSION 1233801  
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 47867  
LOCATION Oakley KS  
FOREMAN Jerry Y

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

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
11-19-14	2199	Fenn 1-28	28	22S	37W	Kearny
CUSTOMER			Lakin Sw 8 N 1 W 1 3/4 N E into			
MAILING ADDRESS			TRUCK #	DRIVER	TRUCK #	DRIVER
Chesapeake			399	Michael R		
			528 T127	Larry H		
CITY	STATE	ZIP CODE	ass't	Rob S		

JOB TYPE OHF 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: safty meeting & rig up on exact WS. plug as ordered with 230 sks  
60/40 poz mix 4% gel # Flo seal  
40 sks @ 2100'  
80 sks @ 970' perfs with 60# hulls  
100 sks @ 350' perfs circulate to surface on ~~annularis~~ annularis  
top off with 10 sks

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	75	MILEAGE	5 <sup>25</sup>	393 <sup>75</sup>
5407A	9.89	for mileage delivery	1 <sup>25</sup>	1298 <sup>07</sup>
1131	230 sks	60/40 poz mix	15 <sup>86</sup>	3647 <sup>80</sup>
118b	791 #	gel	27	213 <sup>57</sup>
1107	58 #	Flo seal	222	172 <sup>26</sup>
1105	50 #	cotton seed hulls	58	29 <sup>00</sup>
			subtotal	6629 <sup>45</sup>
			less 10% disc.	662 <sup>94</sup>
			subtotal	5966 <sup>51</sup>
AFE 802974				
			SALES TAX	
			ESTIMATED TOTAL	

AUTHORIZATION Dennis Paul TITLE Production Foreman DATE Nov 19-14

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  
**8301**

Date 11-19-2014

CHARGE TO: Chesapeake Operating Inc.  
 ADDRESS \_\_\_\_\_  
 R/A SOURCE NO. \_\_\_\_\_ CUSTOMER ORDER NO. AFE 802974  
 LEASE AND WELL NO. Finn # 1-28 FIELD \_\_\_\_\_  
 NEAREST TOWN Lakin COUNTY Kearny STATE KS  
 SPOT LOCATION 1770' FSL & 1770' FVL SEC. 28 TWP. 22S RANGE 37W  
 ZERO Ground level CASING SIZE 5 1/2 WEIGHT \_\_\_\_\_  
 CUSTOMER'S T.D. \_\_\_\_\_ LOG TECH #57 FLUID LEVEL 700'  
 ENGINEER Lance Gregg OPERATOR J. Walker

PERFORATING				
Description	No. Shots	Depth		Amount
		From	To	
<u>OVEN HSC (1125-777)</u>	4	970	971	
	4	350	351	
				1200 <sup>00</sup>

DEPTH AND OPERATIONS CHARGES						
Description	Depth		Total No. Ft.	Price Per Ft.	Amount	
	From	To				
<u>Dump 2x of Conert</u>	0	2743	2743	M.A.	180	90 <sup>00</sup>
<u>set 5 1/2 CSBP DIS AT</u>	0	1000	1000	M.A.	660	00 <sup>00</sup>
<u>Dump 2x of Conert</u>	0	1000	1000	M.A.	180	00 <sup>00</sup>
<u>Run GR/CL/CL</u>	0	1000	1000	M.A.	970	00 <sup>00</sup>
<u>" " "</u>	1000	0	1000	M.A.	580	00 <sup>00</sup>

MISCELLANEOUS		
Description	Quantity	Amount
<u>Service Charge</u>	1	500 <sup>00</sup>
<u>5 1/2 CSBP DIS Weatherford</u>	1	750 <sup>00</sup>

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	5070 <sup>00</sup>
Code Ref. .... Tool Insurance	
..... Tax	
.....	
.....	
.....	4778 <sup>00</sup>

Lance Gregg  
 Customer Signature \_\_\_\_\_ Date \_\_\_\_\_