



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

KANSAS CORPORATION COMMISSION 1234422
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

REMIT TO
Consolidated Oil Well Services, LLC
Dept. 970
P.O. Box 4346
Houston, TX 77210-4346

MAIN OFFICE
P.O. Box 884
Chanute, KS 66720
620/431-9210 • 1-800/467-8676
Fax 620/431-0012

INVOICE Invoice # 270512

Invoice Date: 08/25/2014 Terms: 0/30/10,n/30 Page 1

McGOWN DRILLING
P.O. BOX K
MOUND CITY KS 66056
(918)795-2259

EASTBURN 20
48074
SE27-21-21
8-19-14
KS

Part Number	Description	Qty	Unit Price	Total
1124	50/50 POZ CEMENT MIX	15.00	11.5000	172.50
1118B	PREMIUM GEL / BENTONITE	76.00	.2200	16.72

Sublet Performed	Description	Total
9996-120	CEMENT MATERIAL DISCOUNT	-56.77

Description	Hours	Unit Price	Total
370 80 BBL VACUUM TRUCK (CEMENT)	1.50	100.00	150.00
495 P & A OLD WELL	1.00	730.00	730.00
495 EQUIPMENT MILEAGE (ONE WAY)	1.00	.00	.00
558 TON MILEAGE DELIVERY	30.04	1.41	42.36

Amount Due 1126.06 if paid after 09/04/2014

Parts:	189.22	Freight:	.00	Tax:	10.14	AR	1064.95
Labor:	.00	Misc:	.00	Total:	1064.95		
Sublt:	-56.77	Supplies:	.00	Change:	.00		

Signed _____ Date _____



27051

TICKET NUMBER 48074
 LOCATION Ottawa
 FOREMAN Alan Mader

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
8-19-14	5363	Eastburn #2D	SE 27	21	21	AN

CUSTOMER
McGowan Drilling
 MAILING ADDRESS
P.O. Box 3341
 CITY
Mound City STATE KS ZIP CODE 66056

TRUCK #	DRIVER	TRUCK #	DRIVER
730	Alamar	Safety	Meat
495	Harber		
370	Mik Fox		
558	Brubir		

JOB TYPE plug HOLE SIZE _____ HOLE DEPTH _____ CASING SIZE & WEIGHT 2 7/8
 CASING DEPTH 600 DRILL PIPE _____ TUBING 1" 600 OTHER _____
 SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING yes
 DISPLACEMENT _____ DISPLACEMENT PSI _____ MIX PSI _____ RATE 1 bpm

REMARKS: Held meetings, Established rate down 1", Filled well to surface. Pulled 1" out. Topped off well.

15 sk 50/50 cement plus 6% gel

Alan Mader

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5405A	1	PUMP CHARGE	495	730.00
5406		MILEAGE	495	
5407A	30.04	tan miles	558	42.36
5502C	1 1/2	80 vgc	370	150.00
1124	15	50/50 cement	172.50	2587.50
1118B	76 #	gel	16.72	1270.72
		material 546	189.22	103149.82
		less 30%	-56.77	97473.05
		Material total		132445
		Completed		
				1126.06
				10.14
				1064.95

AUTHORIZATION Ole Mally TITLE _____ DATE _____

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.