



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

KANSAS CORPORATION COMMISSION 1237204  
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#

802544

Invoice Date: 12/10/14

Terms: Net 30

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VAL ENERGY

125 N. Market, Ste. 1710  
WICHITA KS 67202  
USA

RECEIVED

4H FOUNDATION 1-17

DEC 12 2014

9233 - Plug Cement

Tax: 385.78

Total: 7,501.66



**CONSOLIDATED**  
Oil Well Services, LLC

JM 1391  
FT 1343

TICKET NUMBER 47877  
LOCATION Ogkley Ks  
FOREMAN Jerry Y

PO Box 884, Chanute, KS 66720  
620-431-9210 or 800-467-8676

**FIELD TICKET & TREATMENT REPORT**  
**CEMENT INVOICE #802544** Ks

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
128-14	8576	4H Foundation 147	17	17	33W	Scott
CUSTOMER <u>Val Energy</u>			4083 job			
MAILING ADDRESS			4 W 1 1/2 S 12 E			
CITY			TRUCK #	DRIVER	TRUCK #	DRIVER
			399	Jeremy R		
			5307129	Bill S		
STATE			ZIP CODE			

JOB TYPE PTA HOLE SIZE 7 7/8 HOLE DEPTH 4670 CASING SIZE & WEIGHT \_\_\_\_\_  
 CASING DEPTH \_\_\_\_\_ DRILL PIPE 4 1/2 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 upon Val 4 plugs ordered with 300 sks 60/40  
POZ mix 406 gal 1/4 4 fld seal  
50 @ 2430'  
80 @ 1440'  
50 @ 720'  
50 @ 240'  
20 @ 60'  
20 mh 30 Rh

Thank you  
Jerry & Crew

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5405	1	PUMP CHARGE	1395.00	1395.00
5406	45	MILEAGE	5.2	236.25
5407	12.5	ton mileage delivery	12	1015.88
1131	300 sks	60/40 poz mix	15.86	4758.00
1186	1032 #	gel	27	27864
1107	75 #	fld seal	292	21900
1111	100 #	solt	NC	NC
			Subtotal	7906.52
			less 10% disc.	790.65
			Subtotal	7115.87
			SALES TAX	385.78
			ESTIMATED TOTAL	7501.66

Revin 3737  
 AUTHORIZATION [Signature] 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.



**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.Box884  
Chanute, KS 66720  
620/431-9210, 1-800/467-8676  
Fax 620/431-0012

Invoice

Invoice# 802310

Invoice Date: 11/30/14

Terms: Net 30

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VAL ENERGY  
~~125 N. Market, Ste. 1710~~  
~~200 WEST DOUGLAS SUITE 520~~  
WICHITA KS 67202  
USA

4H FOUNDATION #1-17

9208

Surface Cement

Tax: 262.71

Total: 5,286.57



**CONSOLIDATED**  
Oil Well Services, LLC

PO Box 884, Chanute, KS 66720  
620-431-9210 or 800-467-8676

1199 1216 1230  
**Invoice # 802310**  
**FIELD TICKET & TREATMENT REPORT**  
**CEMENT**

TICKET NUMBER 47873  
LOCATION Oakley, KS  
FOREMAN Jerry Y

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
11-28-14	8576	4H Foundation 1-17	17	17	35W	Scott
CUSTOMER			4-83 jct			
Mailing Address			4w			
CITY			1/8 into			
STATE			TRUCK #			
ZIP CODE			DRIVER			
			TRUCK #			
			DRIVER			
			TRUCK #			
			DRIVER			

JOB TYPE Surface HOLE SIZE 12 1/4 HOLE DEPTH 218 CASING SIZE & WEIGHT 8 3/8 24 #  
 CASING DEPTH 219 DRILL PIPE \_\_\_\_\_ TUBING \_\_\_\_\_ OTHER \_\_\_\_\_  
 SLURRY WEIGHT 14.8 SLURRY VOL 1.24 WATER gal/sk \_\_\_\_\_ CEMENT LEFT in CASING 20'  
 DISPLACEMENT 12 1/2 bbl DISPLACEMENT PSI \_\_\_\_\_ MIX PSI \_\_\_\_\_ RATE \_\_\_\_\_

REMARKS: Safety meeting and upon Val 4 break circulation with rig tree mix 165 sks com class A cement with 3% CC 2% gel washup & displace with 12 1/2 bbl H2O & shut in & circulated approx 4561 ton feet

Cement did circulate

Thank you  
Jerry & crew

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401s	1	PUMP CHARGE	1150.00	1150.00
5406	45	MILEAGE	6.25	286.25
5407	7.8	ton mileage delivery	125	614.25
1109s	165 sks	com class A cement	18.50	3060.75
1102	465 #	calcium chloride	94	4371.00
1118a	310 #	benonite gel	27	837.50
1111	100 #	salt	11	1100.00
			Subtotal	5582.10
			less 10% disc.	558.21
			Subtotal	5023.89
			SALES TAX	262.71
			ESTIMATED TOTAL	5286.57

RAVIN 3737 AUTHORIZATION [Signature] 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.