



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

KANSAS CORPORATION COMMISSION 1237715  
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 **47884**

LOCATION Oakley KS

FOREMAN Jerry Y

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

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

KS

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
12-18-14	2199	Federal 1-32	32	245	40w	Hans / Han
CUSTOMER <u>Chesapeake</u>			Syracuse 35 @ 5 into			
MAILING ADDRESS			TRUCK #	DRIVER	TRUCK #	DRIVER
CITY			731	Jordan L		
STATE			466	Larry H		
ZIP CODE			assist	Jose		

JOB TYPE AWP HOLE SIZE \_\_\_\_\_ HOLE DEPTH \_\_\_\_\_ CASING SIZE & WEIGHT 4 1/2  
 CASING DEPTH \_\_\_\_\_ DRILL PIPE \_\_\_\_\_ TUBING \_\_\_\_\_ OTHER parts @ 2.386  
 SLURRY WEIGHT 14.1 SLURRY VOL 1.52 WATER gal/sk 7.6 CEMENT LEFT in CASING \_\_\_\_\_  
 DISPLACEMENT \_\_\_\_\_ DISPLACEMENT PSI \_\_\_\_\_ MIX PSI \_\_\_\_\_ RATE \_\_\_\_\_

REMARKS: Softly meeting rig upon Exact W.S. # 7 plug as ordered with 150 sks com class A with 14% gel  
90 sks @ 2.386' with 200# hulls disp. to 1200' press to 700#  
50 sks @ 700'  
10 sks to top off  
couldn't pump into annulus  
 Thank you  
 Jerry Y & crew

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5405N	1	PUMP CHARGE	1395.00	1395.00
5406	100	MILEAGE	5.25	525.00
541074	7.1	ton mileage delivery	175	1242.50
1104s	150 SKS	com class A cement	18.55	2782.50
1118b	564 #	betonite gel	27	15228
1105	200 #	cottonseed hulls	58	11600
1111	100 #	salt	NC	NC
			Subtotal	6213.28
			less 10% disc.	621.32
			Subtotal	5591.96
			SALES TAX	
			ESTIMATED TOTAL	

AVIN 3737  
 AUTHORIZATION Dennis Paul TITLE \_\_\_\_\_ DATE 12-18-14

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

8343

Date 12-18-14

CHARGE TO: Chesapeake Operating, LLC  
 ADDRESS \_\_\_\_\_  
 R/A SOURCE NO. \_\_\_\_\_ CUSTOMER ORDER NO. AIE 803314  
 LEASE AND WELL NO. Federal # 1-32 FIELD \_\_\_\_\_  
 NEAREST TOWN \_\_\_\_\_ COUNTY Hamilton STATE KS  
 SPOT LOCATION NW-NW-NW SEC. 22 TWP. 24S RANGE 10W  
 ZERO 7 AGL CASING SIZE 4 1/2" WEIGHT \_\_\_\_\_  
 CUSTOMER'S T.D. \_\_\_\_\_ LOG TECH \_\_\_\_\_ FLUID LEVEL \_\_\_\_\_  
 ENGINEER Leif Breda OPERATOR Heath Breda

### PERFORATING

Description	No. Shots	Depth		Amount
		From	To	

### DEPTH AND OPERATIONS CHARGES

Description	Depth		Total No. Ft.	Price Per Ft.	Amount
	From	To			
<u>GR/CC/Bond</u>	<u>0</u>	<u>1350</u>	<u>MTV</u>	<u>.31</u>	<u>930 00</u>
	<u>1350</u>	<u>0</u>	<u>MTV</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.

Dennis Breda 12-18-14  
 Customer Signature Date

Sub Total	<u>2060 00</u>
Code Ref. Tool Insurance	
Tax	
	<u>1957 00</u>