



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

KANSAS CORPORATION COMMISSION 1239065
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

12:00 AM

1736

2:30 PM



CONSOLIDATED
Oil Well Services, LLC

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

FIELD TICKET & TREATMENT REPORT

TICKET NUMBER **47854**

LOCATION Oakley, ks.

FOREMAN Cory Davis
Kelly G.

1690
INVOICE #802970

CEMENT

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
1-9-15	5950	WN Vondrasek #4	4	19S	17W	Rush
CUSTOMER <u>O'Brien</u>			Rush center E to RD 310 S out to Rig			
MAILING ADDRESS			TRUCK #	DRIVER	TRUCK #	DRIVER
CITY			STATE	ZIP CODE		
			731	Jeremy R		
			397	Cody R.		

JOB TYPE Plug HOLE SIZE 7 7/8 HOLE DEPTH 3892 CASING SIZE & WEIGHT _____
 CASING DEPTH _____ DRILL PIPE 4 1/2 TUBING _____ OTHER _____
 SLURRY WEIGHT 13.8 SLURRY VOL 1.42 WATER gal/sk 6.2 CEMENT LEFT in CASING all
 DISPLACEMENT _____ DISPLACEMENT PSI _____ MIX PSI _____ RATE _____

REMARKS: Jeffery meeting Rig up on val 5 Plug as ordered Pump 5 BR water wheel
50 sks at 3892 Displaced 5 60/40 Poz mix 4% gel 1/4 # Flo-seal
50 sks at 1260' 9
50 sks at 480' 3 1/2
50 sks at 278 1 1/2
Top off with 10 sks.
30 sks Rat hole
20 sks mouse hole

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5405 IV	1	PUMP CHARGE	1,395.00	1,395.00
5406	25	MILEAGE	5.25	131.25
5407A	11.18	Ten mileage Delivery	1.75	489.13
1131	260 sks	60/40 Poz mix	15.86	4,123.60
1118 B	894 #	Bentonite (gel)	.27	241.38
1107	65	Flo-seal	2.97	193.05
			sub total	6573.41
			15% LWS	986.01
			sub total	5,587.39
			SALES TAX	238.51
			ESTIMATED TOTAL	5825.90

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.



CONSOLIDATED
Oil Well Services, LLC

1055
1000

TICKET NUMBER 47850
LOCATION Oakley ks.
FOREMAN Cory Davis
Miles Shaw

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

FIELD TICKET & TREATMENT REPORT

Invoice # 802816 CEMENT

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
12/29/14	5950	Vondraszk 4	4	19 S	17 W	Rush
CUSTOMER O'Brien			COUNTY			
MAILING ADDRESS			TRUCK #	DRIVER	TRUCK #	DRIVER
CITY			460	Jeremy		
STATE			722	Michael		
ZIP CODE						

JOB TYPE surface HOLE SIZE 12 1/4 HOLE DEPTH 260 CASING SIZE & WEIGHT 8 5/8 20#
 CASING DEPTH 252 DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING _____
 DISPLACEMENT 14.78 DISPLACEMENT PSI _____ MIX PSI _____ RATE _____

REMARKS: Safety meeting Rig upon val 5 Run casing Break circulation with Rig pump Hook up to pump truck
Mix 185 slts com. 3% CC 2% gel wash up pump & liner Displace 14.78 bbl water shut in
Rig down

Cement Did Circulate

Approx 1000 BBL to pit

Thanks Cory D. + Crew

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401 S	1	PUMP CHARGE	1150.00	1150.00
5406	20	MILEAGE	5.25	105.00
5407 A	8.4	Ton mileage Delivery MINIMUM	1.75	430.00
1104 S	175	Class A cement	18.55	3,246.25
1102	504	Calcium Chloride	.94	473.76
1118 B	336	Bentonite (gel)	.27	90.72
			sub total	5495.73
			10% less	549.57
			sub total	4946.16
			SALES TAX	210.92
			ESTIMATED TOTAL	5157.08

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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.