

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

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

1241421

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.

(Print Name) ☐ Employee of Operator or ☐ Operator on above-described well,

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



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#

803022

Invoice Date: 01/18/15

Terms: Net 30

Page 1

ALTAVISTA ENERGY INC
~~P.O. Box 128~~
4595 K-33 HIGHWAY
WELLSVILLE KS 66092
USA
7858834057

BALDWIN UNIT #DW-12

Part No	Description	Quantity	Unit Price	Discount(%)	Total
5405N	P & A New Wells	1.000	1,085.0000	0.000	1,085.00
5406	Mileage Charge	20.000	4.2000	0.000	84.00
5407	Min. Bulk Delivery Charge	1.000	368.0000	0.000	368.00
5502C	80 Vacuum Truck Cement	1.500	100.0000	0.000	150.00
1124	Poz Cement Mix	20.000	11.5000	30.000	161.00
1118B	Premium Gel / Bentonite	34.000	0.2200	30.000	5.24

Subtotal 1,924.48

Discounted Amount 71.24

SubTotal After Discount 1,853.24

Amount Due 1,941.46 If paid after 02/17/15

Tax: 11.88

Total: 1,865.12



FIELD TICKET & TREATMENT REPORT

CEMENT

EXPORT
Invoice #803022

TICKET NUMBER 50801

LOCATION Ottawa KS

FOREMAN Fred Mader

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
1-13-15	3244	Baldwin Unit # DW-12	541 1	15	20	DG
CUSTOMER						
Alta Vista Energy						
MAILING ADDRESS						
P.O. Box 128						
CITY	STATE	ZIP CODE	TRUCK #	DRIVER	TRUCK #	DRIVER
Wellsville	KS	66092	712	Fremad		
			495	Har Bee		
			369	Mik Hoo		
			503	Tro Hor		

JOB TYPE <u>Plug</u>	HOLE SIZE <u>N/A</u>	HOLE DEPTH <u>950'</u>	CASING SIZE & WEIGHT <u>2"</u>
CASING DEPTH <u>950'</u>	DRILL PIPE <u>1"</u>	TUBING <u>TD</u>	OTHER _____
SLURRY WEIGHT _____	SLURRY VOL _____	WATER gal/sk _____	CEMENT LEFT in CASING <u>Full</u>
DISPLACEMENT <u>N/A</u>	DISPLACEMENT PSI _____	MIX PSI _____	RATE <u>1 bpm</u>
REMARKS: <u>Hold safety meeting. Rig ran 1" tubing to TD. Fill to</u> <u>Surface w/ Cement. Pull 1" tubing - Top off well</u> <u>w/ Cement. Wash out 1" tubing.</u>			
<u>Total - 20 sks 50/50 Por Mix Cement 270 Gal</u>			

Fred Madson

[illegible]

AUTHORIZATION 15-0 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.