



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

KANSAS CORPORATION COMMISSION 1241651  
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

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

TICKET NUMBER 47896  
LOCATION Oakley KS  
FOREMAN Jerry Y

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

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY	
2-2-15	2199	Gano 1-35	35	21s	33W	Finney	
CUSTOMER		Gandalaria N to Gano Rd 1w Sowinto		TRUCK #	DRIVER	TRUCK #	DRIVER
MAILING ADDRESS		Chesapeake		731	Jeremy R		
CITY		STATE	ZIP CODE	530-T-129	Cody R		

JOB TYPE AWP HOLE SIZE \_\_\_\_\_ HOLE DEPTH \_\_\_\_\_ CASING SIZE & WEIGHT 5 1/2  
 CASING DEPTH \_\_\_\_\_ DRILL PIPE \_\_\_\_\_ TUBING \_\_\_\_\_ OTHER CIBP 1998  
 SLURRY WEIGHT \_\_\_\_\_ SLURRY VOL \_\_\_\_\_ WATER gal/sk \_\_\_\_\_ CEMENT LEFT in CASING \_\_\_\_\_  
 DISPLACEMENT \_\_\_\_\_ DISPLACEMENT PSI \_\_\_\_\_ MIX PSI \_\_\_\_\_ RATE \_\_\_\_\_

REMARKS: safty meeting & rig upon well has to pressure upto 500\* held  
part @ 1120 mix 80 SKs 60/40 4% 1/4" flt dnpce 1/2 in 1/2 out with 50# halbs  
part @ 320 mix 100 SKs & circulate to surface  
didn't need to top off

*Thank you*  
*Jerry & Crew*

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5405a	1	PUMP CHARGE	875.00	875.00
5406	7.5	MILEAGE	52.5	393.75
5407	7.75	ton mileage delivery	17.5	1017.12
1131	180 SKS	60/40 poz mix	15.86	2854.80
1118b	620 #	gel	27	16740
1107	45 #	flaseal	297	13365
1105	50 #	collaseed halbs	58	2900
1111	100#	salt	NC	NC
			subtotal	5470.78
			less 15% disc	820.62
			subtotal	4650.16
			SALES TAX	
			ESTIMATED TOTAL	

AFE 803509

AUTHORIZATION Dennis Fred 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.

# LOG-TECH OF KANSAS, INC.

P.O. BOX 885

GREAT BEND, KANSAS 67530

(620) 792-2167

INVOICE

8384

Date 2-2-2015

CHARGE TO: Chesapeake Operating, LLC  
 ADDRESS \_\_\_\_\_  
 R/A SOURCE NO. \_\_\_\_\_ CUSTOMER ORDER NO. ARE 803509  
 LEASE AND WELL NO. Gano # 1-75 FIELD \_\_\_\_\_  
 NEAREST TOWN Garden City COUNTY Finney STATE K.S.  
 SPOT LOCATION 1370' FNL & 1370' REL SEC. 35 TWP. 21S RANGE 33W  
 ZERO Ground Level CASING SIZE 5 1/2 WEIGHT \_\_\_\_\_  
 CUSTOMER'S T.D. \_\_\_\_\_ LOG TECH # 53 FLUID LEVEL 800' Full  
 ENGINEER Lance Gregg OPERATOR S. Welch

PERFORATING				
Description	No. Shots	Depth		Amount
		From	To	
<u>Cut 2 3/8 Tubing (1657-409)</u>	1		2000	1100 <sup>00</sup>
<u>over 1150 (7125-332)</u>	4		1130	850 <sup>00</sup>
" "	4		320	350 <sup>00</sup>
<u>2-D&amp;T</u>				

DEPTH AND OPERATIONS CHARGES						
Description	From	Depth		Total No. Ft.	Price Per Ft.	Amount
		To				
<u>Set 5 1/2 CBP 1155</u>	0	1998	1998	1998	Min	6060 <sup>00</sup>
<u>Dump 2x of Cement</u>	0	1998	1998	1998	Min	180 <sup>00</sup>
<u>Run GR/CC/CBL</u>	0	1200	1200	1200	Min	930 <sup>00</sup>
" " "	1200	0	1200	1200	Min	550 <sup>00</sup>

MISCELLANEOUS		
Description	Quantity	Amount
<u>Service Charge</u>	1	550 <sup>00</sup>
<u>5 1/2 CBP DB-5 weatherford</u>	1	750 <sup>00</sup>

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.

Customer Signature \_\_\_\_\_ Date \_\_\_\_\_

Sub Total	5950 <sup>00</sup>
Code Ref. .... Tool Insurance	
..... Tax	
.....	
.....	
<b>565300</b>	