



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

KANSAS CORPORATION COMMISSION 1241660  
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 47897  
LOCATION Oakley, KS  
FOREMAN Jerry Y

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

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

| DATE                   | CUSTOMER # | WELL NAME & NUMBER                           | SECTION | TOWNSHIP | RANGE    | COUNTY     |        |
|------------------------|------------|----------------------------------------------|---------|----------|----------|------------|--------|
| 2-3-15                 | 2199       | Craig 2-28                                   | 28      | 21S      | 32W      | Finney, KS |        |
| CUSTOMER<br>Chesapeake |            | Cedar City<br>N to Gro<br>25 1/2 N<br>E into |         | TRUCK #  | DRIVER   | TRUCK #    | DRIVER |
| MAILING ADDRESS        |            |                                              |         | 899      | Jordan L |            |        |
| CITY                   |            | STATE                                        |         | 530T127  | Larry H  |            |        |
|                        |            | ZIP CODE                                     |         | assist   | Cody R   |            |        |

JOB TYPE AWP HOLE SIZE \_\_\_\_\_ HOLE DEPTH \_\_\_\_\_ CASING SIZE & WEIGHT 4 1/2  
CASING DEPTH \_\_\_\_\_ DRILL PIPE \_\_\_\_\_ TUBING 2 7/8 OTHER \_\_\_\_\_  
SLURRY WEIGHT \_\_\_\_\_ SLURRY VOL \_\_\_\_\_ WATER gal/sk \_\_\_\_\_ CEMENT LEFT in CASING \_\_\_\_\_  
DISPLACEMENT \_\_\_\_\_ DISPLACEMENT PSI \_\_\_\_\_ MIX PSI \_\_\_\_\_ RATE \_\_\_\_\_

REMARKS: Safety meeting on top of on Express well service plug as ordered with 125 SKS  
60/40 4% gel 1/4" SB 5cc  
10 SKS @ 2030  
30 SKS @ 1681 with 200# balls  
75 SKS @ 1200 circulated to surface  
10 SKS top off  
  
Thank you  
Jerry & crew

| ACCOUNT CODE      | QUANTITY or UNITS | DESCRIPTION of SERVICES or PRODUCT | UNIT PRICE        | TOTAL              |
|-------------------|-------------------|------------------------------------|-------------------|--------------------|
| 5405 A            | 1                 | PUMP CHARGE                        | 875 <sup>00</sup> | 875 <sup>00</sup>  |
| 5406              | 7.5               | MILEAGE                            | 52                | 393 <sup>75</sup>  |
| 5407 A            | 5.4               | ten mileage delivery               | 15                | 708 <sup>75</sup>  |
| 1131              | 125 SKS           | 60/40 4% gel 1/4" SB 5cc           | 15 <sup>80</sup>  | 1982 <sup>50</sup> |
| 11186             | 430 #             | gel                                | 2                 | 116 <sup>00</sup>  |
| 1107              | 32 #              | Proseal                            | 292               | 9504               |
| 1105              | 200 #             | cottonseed balls                   | 58                | 116 <sup>00</sup>  |
|                   |                   |                                    | Subtotal          | 4287 <sup>14</sup> |
|                   |                   |                                    | 1cc 15% ODS Cr    | 643 <sup>00</sup>  |
|                   |                   |                                    | Subtotal          | 3644 <sup>00</sup> |
| <u>AFE 803455</u> |                   |                                    |                   |                    |
|                   |                   |                                    | SALES TAX         |                    |
|                   |                   |                                    | ESTIMATED TOTAL   |                    |

AVIN 3737 AUTHORIZATION Dennis Grish TITLE 2-3-15 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

8380

Date 2-3-15

CHARGE TO: Chesapeake Operating, Inc  
 ADDRESS \_\_\_\_\_  
 R/A SOURCE NO. \_\_\_\_\_ CUSTOMER ORDER NO. ITE 803455  
 LEASE AND WELL NO. Craig #2-28 FIELD \_\_\_\_\_  
 NEAREST TOWN \_\_\_\_\_ COUNTY Finney STATE KS  
 SPOT LOCATION C-SW/4 SEC. 28 TWP. 21S RANGE 32W  
 ZERO \_\_\_\_\_ CASING SIZE \_\_\_\_\_ WEIGHT \_\_\_\_\_  
 CUSTOMER'S T.D. \_\_\_\_\_ LOG TECH \_\_\_\_\_ FLUID LEVEL \_\_\_\_\_  
 ENGINEER Lee Bratz OPERATOR Keith Bratz

### PERFORATING

| Description | No. Shots | Depth |    | Amount |
|-------------|-----------|-------|----|--------|
|             |           | From  | To |        |
|             |           |       |    |        |
|             |           |       |    |        |
|             |           |       |    |        |
|             |           |       |    |        |
|             |           |       |    |        |
|             |           |       |    |        |
|             |           |       |    |        |
|             |           |       |    |        |
|             |           |       |    |        |
|             |           |       |    |        |

### DEPTH AND OPERATIONS CHARGES

| Description | Depth |    | Total No. Ft. | Price Per Ft. | Amount |
|-------------|-------|----|---------------|---------------|--------|
|             | From  | To |               |               |        |
|             |       |    |               |               |        |
|             |       |    |               |               |        |
|             |       |    |               |               |        |
|             |       |    |               |               |        |
|             |       |    |               |               |        |
|             |       |    |               |               |        |
|             |       |    |               |               |        |
|             |       |    |               |               |        |
|             |       |    |               |               |        |
|             |       |    |               |               |        |

### MISCELLANEOUS

| Description    | Quantity | Amount |
|----------------|----------|--------|
| Service Charge | 1        | 550.00 |
|                |          |        |
|                |          |        |
|                |          |        |
|                |          |        |

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.

Lee Bratz 2-2-15  
 Customer Signature Date

|                          |        |
|--------------------------|--------|
| Sub Total                | 550.00 |
| Code Ref. Tool Insurance |        |
| Tax                      |        |
|                          |        |
|                          |        |
|                          | 550.00 |