



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

KANSAS CORPORATION COMMISSION 1241665
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

1:30P

6:30P



CONSOLIDATED
Oil Well Services, LLC

TICKET NUMBER **47900**

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	
2-4-15	2199	Lewis 124	24	22S	34W	Finney	
CUSTOMER Chesapeake		Mailing Address Condonally E to 16th 6 North 1 West Now into		TRUCK #	DRIVER	TRUCK #	DRIVER
CITY		STATE	ZIP CODE	399	Cory D		
				5307127	Lance R		

JOB TYPE AWP	HOLE SIZE	HOLE DEPTH	CASING SIZE & WEIGHT 5 1/2
CASING DEPTH	DRILL PIPE	TUBING	OTHER
SLURRY WEIGHT 13.9	SLURRY VOL 1.42	WATER gal/sk	CEMENT LEFT in CASING
DISPLACEMENT	DISPLACEMENT PSI	MIX PSI	RATE

REMARKS: **Safety meeting & rig up on well head = plugs ordered with 360 SKs**
60/40 poz mix 4% gel 1/4" #8 flo seal
140 SKs @ 200' #8 Hulls displace to 1300' + press to 500'
80 SKs @ 1300' 40 inside + 40 outside ports with 50' Hulls
140 SKs @ 320' circulate to surface
no 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 ⁵⁰	393 ⁷⁵
5407A	15.5	ton mileage delivery	12 ⁵⁰	2034 ³⁸
1131	360 SKs	60/40 poz mix	15.86	5709.60
1118b	1238 #	gel	27	33426
1107	90 #	flo seal	297	26730
1105	250 #	cotton seed hulls	58	14500
1111	100 #	salt	NC	NC
			Subtotal	9,759.29
			less 15% disc	1,463.89
			Subtotal	8,295.40
AFE 803435			SALES TAX	
			ESTIMATED TOTAL	

AUTHORIZATION **Dennis Ditch** TITLE _____ DATE **Feb 4, 2015**

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

