



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

KANSAS CORPORATION COMMISSION 1242343
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 47933
LOCATION Oakley KS
FOREMAN Dane Retzlaff

FIELD TICKET & TREATMENT REPORT
CEMENT

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
2/9/15	2199	Graves 1-35	35	22	40	Hamilton
CUSTOMER			KS			
MAILING ADDRESS			TRUCK #	DRIVER	TRUCK #	DRIVER
Chesapeake Operating Syracuse North Rd 13 east 7 miles south into			731	Cery		
			566	Keith		
CITY	STATE	ZIP CODE				

JOB TYPE OHP HOLE SIZE _____ HOLE DEPTH _____ CASING SIZE & WEIGHT 14, 4 1/2
 CASING DEPTH _____ DRILL PIPE _____ TUBING 2 7/8 OTHER _____
 SLURRY WEIGHT 13.8 SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING _____
 DISPLACEMENT _____ DISPLACEMENT PSI _____ MIX PSI _____ RATE _____

REMARKS: Safety meeting. Rig up. Mix 100 sks 60/40 with 200 LBS of hulls. Displace down to 1100 ft. Locked up at 500 psi. Log. Run tubing to 1100 ft. mix 55 sks of 60/40. From 300 feet to circulation mixed 25 sks. 20 sks to fill backside. 15 sks to top of casing. Plug down. Washup rig down.

AFE# 803277

Thanks Dane + crew

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5405A	1	PUMP CHARGE	875.00	875.00
5406	65	MILEAGE	5.25	341.25
5407	9.24	Ten Mileage Delivery	1.75	1051.05
1131	215 sks	60/40 Poz mix	15.86	3409.90
1118A	239#	Bentonite	.27	199.53
1107	54#	Flo Seal	2.97	160.38
1105	200#	Cottonseed Hulls	.58	116.00
			Sub	6153.11
			Less 15%	922.96
			Total	5230.15
			SALES TAX	
			ESTIMATED TOTAL	

Ravin 3737 AUTHORIZATION Dennis Dierck TITLE _____ DATE 2-9-15

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

8401

Date 2-9-15

CHARGE TO: Chesapeake Operating, Inc.
 ADDRESS _____
 R/A SOURCE NO. _____ CUSTOMER ORDER NO. AFA 803277
 LEASE AND WELL NO. Groves # 1-35 FIELD _____
 NEAREST TOWN _____ COUNTY Hamilton STATE KS
 SPOT LOCATION SW/4 SW/4 SEC. 35 TWP. 22S RANGE 40W
 ZERO 7' AGL CASING SIZE 4.5" WEIGHT _____
 CUSTOMER'S T.D. _____ LOG TECH _____ FLUID LEVEL _____
 ENGINEER Lee Bretz OPERATOR Heath Buchler

PERFORATING				
Description	No. Shots	Depth		Amount
		From	To	

DEPTH AND OPERATIONS CHARGES					
Description	Depth		Total No. Ft.	Price Per Ft.	Amount
	From	To			
<u>Gammay / Cell / Bond</u>	<u>0</u>	<u>1700</u>	<u>MIN</u>	<u>.131</u>	<u>930.00</u>
	<u>1200</u>	<u>0</u>	<u>MIN</u>	<u>.29</u>	<u>580.00</u>

MISCELLANEOUS		
Description	Quantity	Amount
Service Charge	<u>1</u>	<u>550.00</u>

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.

Sub Total	<u>2060.00</u>
Code Ref.	
Tool Insurance	
Tax	
	<u>1957.00</u>

Lee Bretz 2-9-15
 Customer Signature Date