



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

KANSAS CORPORATION COMMISSION 1242481
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

211828



CONSOLIDATED
Oil Well Services, LLC

TICKET NUMBER 50516
LOCATION Ottawa
FOREMAN Alan Mader

PO Box 884, Chanute, KS 66720
620-431-9210 or 800-467-8678

FIELD TICKET & TREATMENT REPORT
CEMENT

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
10-8-14	4448	Joekel KR-11	SW 13	17	22	Mi
CUSTOMER <u>Kansas Resources E+D</u>			TRUCK #			
MAILING ADDRESS <u>9393 W 110th</u>			DRIVER			
CITY <u>Overland Park KS</u>			TRUCK #			
STATE <u>KS</u>			DRIVER			
ZIP CODE <u>6620</u>			TRUCK #			
JOB TYPE <u>plug</u>			DRIVER			
HOLE SIZE <u>5 7/8</u>			TRUCK #			
HOLE DEPTH <u>582</u>			DRIVER			
CASING DEPTH			TRUCK #			
DRILL PIPE			DRIVER			
TUBING <u>1" 582'</u>			TRUCK #			
SLURRY WEIGHT			DRIVER			
SLURRY VOL			TRUCK #			
WATER gal/sk			DRIVER			
CEMENT LEFT in CASING			TRUCK #			
DISPLACEMENT			DRIVER			
DISPLACEMENT PSI			TRUCK #			
MIX PSI			DRIVER			
RATE <u>1 bpm</u>			TRUCK #			

REMARKS: Help meeting washed 1" to hole TD. Mixed & pumped 60 SK 50/50 cement plus 29 gel & 1/2# phenoseal per sack. Pulled 1" to 320'. Mixed 20 SK more cement. Circulated cement to surface. Pulled 1" out, topped off well.

80 SK total, TD to surface.

Alan Mader

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5405A	1	PUMP CHARGE	368	1085
5406		MILEAGE	368	
5407	1/2 min	700 miles	548	16800
5502C	1 1/2	80 vac	369	15000
1124	80	50/50 Cement	920.00	
1118B	134#	gel	29.48	
1167A	40#	Phenoseal	34.00	
		Material sub	1003.48	
		less 3090 - 30104		
		Material total		702.44
				2503.45
		SALES TAX		53.74
		ESTIMATED TOTAL		2159.18

Ravin 3737

NO company ICP
Jim OKD

AUTHORIZATION

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