



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

KANSAS CORPORATION COMMISSION 1243673
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

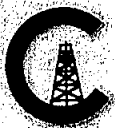
Describe in detail the manner in which the well is plugged, indicating where the mud fluid was placed and the method or methods used in introducing it into the hole. If cement or other plugs were used, state the character of same depth placed from (bottom), to (top) for each plug set.

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 50834

LOCATION Ottawa KS

FOREMAN Fred Mader

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
2-24-15	2890	S. Miller A-7	NW36	27	14	WA
CUSTOMER			TRUCK #	DRIVER	TRUCK #	DRIVER
Domestic Energy Partners			712	Fred Mad		
MAILING ADDRESS			495	Har Bec		
P.O. Box 296			503	Bru Biv		
CITY	STATE	ZIP CODE				
Chanute	KS	66736				

JOB TYPE Plug HOLE SIZE _____ HOLE DEPTH _____ CASING SIZE & WEIGHT 4 1/2"
 CASING DEPTH 0 DRILL PIPE 2 3/8 TUBING @ 1295 OTHER _____
 SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING Full
 DISPLACEMENT n/a DISPLACEMENT PSI _____ MIX PSI _____ RATE 4 BPM

REMARKS: Hold safety meeting. Rig run 2 3/8" Tubing to TD. Mix Pump
45 sks Cement. Pull tubing to 640' fill to surface w/
Cement. Pull remaining tubing. Top off well w/ cement.
Wash out tubing.

Total - 86 sks 50/50 Por Mix Cement. 6% Gel.

KCC Rep. Alan Duling
Customer Supplied Water Fred Mader

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5405A	1	PUMP CHARGE Plug to Abandon	495	1085 ⁰⁰
5406	40 mi	MILEAGE	495	168 ⁰⁰
5407A	153.08	Ton Miles		215 ⁸⁴
1124	86 sks	50/50 Por Mix Cement	989 ⁰⁰	
1118B	434 #	Premium Gel	95 ⁴⁸	
		Material	1084 ⁴⁸	
		less 3070	-325 ³⁴	
		<u>Total</u>		759 ¹⁴
			6.15%	SALES TAX
				46 ⁶⁹
			ESTIMATED	TOTAL
				2274 ⁶⁷

Revin 3737

AUTHORIZATION Juanis 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