



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

KANSAS CORPORATION COMMISSION 1245798
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.

(Print Name) Employee of Operator or Operator on above-described well,

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

REMIT TO
Consolidated Oil Well Services, LLC
Dept:970
P.O.Box 4346
Houston, TX 77210-4346

MAIN OFFICE

P.O.Box884
Chanute, KS 66720
620/431-9210, 1-800/467-8676
Fax 620/431-0012

Invoice

Invoice# 802296

Invoice Date: 11/30/14

Terms: Net 30

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VAL ENERGY
125 N. Market, Ste 1710
200 WEST DOUGLAS SUITE 520
WICHITA KS 67202
USA

BEACHNER 3-7

RECEIVED
DEC 06 2014

9233-3 Plug Cement

Tax: 294.21

Total: 6,325.94



CONSOLIDATED
Oil Well Services, LLC

1178

1161
1177

TICKET NUMBER 47868
LOCATION Orkley Ks
FOREMAN Jerry Y

INVOICE # 802296
FIELD TICKET & TREATMENT REPORT
CEMENT

PO Box 834, Chanute, KS 66720
620-431-9210 or 800-467-8676

KS

| DATE | CUSTOMER # | WELL NAME & NUMBER | SECTION | TOWNSHIP | RANGE | COUNTY |
|-----------------|------------|--------------------|---------|-----------|---------|--------|
| 11-19-14 | 8576 | Beachner 3-7 | 7 | 8s | 35w | Thomas |
| CUSTOMER | | | TRUCK # | DRIVER | TRUCK # | DRIVER |
| MAILING ADDRESS | | | 3991 | Michael R | | |
| CITY | | | 4601 | Cody R | | |
| STATE | | ZIP CODE | | | | |

JOB TYPE PTA HOLE SIZE 7 7/8 HOLE DEPTH 4825 CASING SIZE & WEIGHT _____
 CASING DEPTH _____ DRILL PIPE 4 1/2 TUBING _____ OTHER _____
 SLURRY WEIGHT 13.8 SLURRY VOL 1.42 WATER gal/sk _____ CEMENT LEFT in CASING _____
 DISPLACEMENT _____ DISPLACEMENT PSI _____ MIX PSI _____ RATE _____

REMARKS: Safety meeting & inspection Val 7 plugs ordered with 255 sks
60/40 poz mix 48 gal 1/4" plugs

50 sks @ 2820'
100 sks @ 1885'
50 sks @ 280'
10 sks @ 40' with 8 3/8 wooden plug
15 sks mh 30 sks Rh

Thank you
Jerry's Crew

| ACCOUNT CODE | QUANTITY or UNITS | DESCRIPTION of SERVICES or PRODUCT | UNIT PRICE | TOTAL |
|--------------|-------------------|------------------------------------|--------------------|--------------------|
| 5405 | 1 | PUMP CHARGE | 1385 ⁰⁰ | 1385 ⁰⁰ |
| 5406 | 30 | MILEAGE | 525 | 15750 |
| 5407 | 11 | ton mileage delivery | 125 | 57750 |
| 1131 | 255 sks | 60/40 poz mix | 1586 | 404430 |
| 1186 | 877# | gel | 27 | 23679 |
| 1107 | 64# | Closest | 297 | 19098 |
| 1111 | 100# | salt | NC | NC |
| 4432 | 1 | 8 3/8 wooden plug | 100 ⁷⁵ | 100 ⁷⁵ |
| | | | 346 total | 676192 |
| | | | less 10% disc | 67019 |
| | | | subtotal | 603173 |
| | | | SALES TAX | 294.20 |
| | | | ESTIMATED TOTAL | 6325.94 |

[Signature]
 TITLE _____ DATE _____

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.