

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

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

1247589

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

acknowledge that the payment terms, unless specifically amended in writing on the front of 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.

ACCOUNT	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
57105H	2 of 8	PUMP CHARGE		370 ⁰⁰
52106	1.89	MILEAGE		7.94
5407R	1/8 of man	700 M. lease		46 ⁰⁰
5302	1/2	Vac TIE	- 10%	45 ⁰⁰
1105	6.25 ⁰⁰	Cotton Seed Oil		
1118B	110 ⁰⁰	Premium Gas		
1124	22.5 ⁰⁰	38/50 Premium Fuel		
				253 ⁰⁰
				280 ⁰⁰
				54.02
				196 ⁰⁰
				260 ⁰⁰
				15 ⁰⁰
				6.99
				(897.51)

DATE	03-16-15	CUSTOMER #	5949	WELL NAME & NUMBER	Price #4	SECTION	SE 17	TOWNSHIP	16	RANGE	21	COUNTRY	FR
CUSTOMER	Q1 Sources												
MAILING ADDRESS	6950 W. 163 rd Fair												
CITY	Stillwell	STATE	KS	ZIP CODE	66085								
JOB TYPE	Plug	HOLE SIZE	11 1/2"	HOLE DEPTH	111'	CASING SIZE & WEIGHT	2 1/2"	OTHER					
CASING DEPTH	689'	DRILL PIPE	111'	THROTTLE	66526625								
SLURRY WEIGHT													
SLURRY VOL													
DISPLACEMENT PSI													
MIX PSI													
WATER gal/sk													
CEMENT LEFT in CASING													
RATE													
REMARKS:	EST 4 1/2" high pump out. Mix and pump 22.5% 50% Porting Cement with 6% lat. Flotation seed balls in head cement. Pressure up to 1000 WPSI Close Valve												

CEMENT

FIELD TICKET & TREATMENT REPORT

PO Box 884, Chanute, KS 66720
620-431-9210 or 800-487-8676

CONSOLIDATED
DEVELOPMENT, L.P.



2 of 8 wells

~~behe~~

INVOICE#728

FOREMAN

Thanks
Jim Greer

50912

TICKET NUMBER