



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

KANSAS CORPORATION COMMISSION 1253067
OIL & GAS CONSERVATION DIVISION
WELL PLUGGING RECORD
 K.A.R. 82-3-117

Form CP-4
March 2009

Type or Print on this Form
Form must be Signed
All blanks must be Filled

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



TICKET NUMBER 49427

LOCATION Oakley KS

FOREMAN Dane Ritzloff

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
5-12-15	2199	Conlon 1-9#	9	31	40	Morton
CUSTOMER <u>Chesapeake</u>			TRUCK #	DRIVER	TRUCK #	DRIVER
MAILING ADDRESS			731	Jeremy		
CITY			518	Lance		
STATE						
ZIP CODE						

Johnson City
South to RD
2 East to
RD 22 North
2 mile 1/4 west
N into

JOB TYPE OHP HOLE SIZE _____ HOLE DEPTH 5960 CASING SIZE & WEIGHT 4 1/2, 85lb
 CASING DEPTH _____ DRILL PIPE _____ TUBING 2 7/8 OTHER Perts at 2435-2798
 SLURRY WEIGHT 13.82 SLURRY VOL 1.42 WATER gal/sk 6.90 CEMENT LEFT in CASING _____
 DISPLACEMENT _____ DISPLACEMENT PSI _____ MIX PSI _____ RATE _____

REMARKS: Safety meeting. Rig up. Fill hole. Perf. Pressure test bridge plug. Run tubing to 2400-ft. mix 5 sks of 60/40 470 gal 1/4 fl. Pull tubing to 1500. mix 50 sks with 50 lbs of cottonseed hulls in the last 25 sks. Displace 7.5 BBls. Perts locked up. Pull tubing. Perf. mix 170 sks till circulation. Rig down.

AFC# 803499

Thanks Dane & crew.

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5409A	1	PUMP CHARGE	875.00	875.00
5406	50	MILEAGE	5.25	262.50
5407	10.10	Ten Mileage Delivery	1.75	883.75
1131	235 sks	60/40 Poz mix	15.86	3727.10
1118A	808#	Bentonite	.27	218.16
1107	57#	Flo Seal	2.97	175.23
1105	50#	Cottonseed Hulls	.58	29.00
			Sue	6170.74
			less 25%	1542.68
			Total	4628.60
			SALES TAX	
			ESTIMATED TOTAL	

Ravin 3737

AUTHORIZATION [Signature]

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.

LOG-TECH OF KANSAS, INC.

P.O. BOX 885
GREAT BEND, KANSAS 67530
(620) 792-2167

INVOICE

8484

Date 5-12-2015

CHARGE TO: Cherokee Operating
ADDRESS _____
R/A SOURCE NO. _____ CUSTOMER ORDER NO. AFE 803499
LEASE AND WELL NO. Conlon = 1-9h FIELD _____
NEAREST TOWN Moscow COUNTY Morton STATE K.S.
SPOT LOCATION 660 FSL 1980 FEL SEC. 9 TWP. 31S RANGE 40W
ZERO Ground level CASING SIZE 4 1/2 WEIGHT _____
CUSTOMER'S T.D. _____ LOG TECH #53 FLUID LEVEL 1740'
ENGINEER Lance Gregg OPERATOR J. Welcher

PERFORATING

Description	No. Shots	Depth		Amount
		From	To	
<u>OWN HSC (3725-372)</u>	<u>4</u>	<u>1900</u>	<u>1901</u>	
<u>" "</u>	<u>4</u>	<u>560</u>	<u>561</u>	
				<u>1200 "</u>

DEPTH AND OPERATIONS CHARGES

Description	Depth		Total No. Ft.	Price Per Ft.	Amount
	From	To			
<u>Set 4 1/2 CSBP DB-S At</u>	<u>0</u>	<u>2400</u>	<u>2400</u>	<u>14.25</u>	<u>660.00</u>
<u>Run GRITCEL 10.5 Depth</u>	<u>0</u>	<u>2400</u>	<u>2400</u>	<u>.31</u>	<u>744.00</u>
<u>" " " Log</u>	<u>2400</u>	<u>0</u>	<u>2400</u>	<u>.29</u>	<u>696.00</u>

MISCELLANEOUS

Description	Quantity	Amount
<u>Service Charge</u>		
<u>4 1/2 CSBP DB-S Wellhead</u>	<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.

Customer Signature

Date

Lance Gregg 5-12-15

..... Sub Total
Code Ref. Tool Insurance
..... Tax

4600
750
4370