



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

KANSAS CORPORATION COMMISSION 1261210
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

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

MAIN OFFICE
P.O. Box 884
Chanute, KS 66720
620/431-9210 • 1-800/467-8676
Fax 620/431-0012

INVOICE

Invoice # 260711

Invoice Date: 07/22/2013 Terms: 0/0/30,n/30

Page 1

ALTAVISTA ENERGY INC
4595 K-33 HIGHWAY
P.O. BOX 128
WELLSVILLE KS 66092
(785) 883-4057

WILLIAMS A-7
42205
24-15-20
07-18-2013
KS

Part Number	Description	Qty	Unit Price	Total
1124	50/50 POZ CEMENT MIX	95.00	11.5000	1092.50
1118B	PREMIUM GEL / BENTONITE	479.00	.2200	105.38
Description	Hours	Unit Price	Total	
370 80 BBL VACUUM TRUCK (CEMENT)	3.00	90.00	270.00	
495 P & A NEW WELL	1.00	1085.00	1085.00	
495 EQUIPMENT MILEAGE (ONE WAY)	20.00	4.20	84.00	
510 MIN. BULK DELIVERY	1.00	368.00	368.00	

Parts:	1197.88	Freight:	.00	Tax:	91.64	AR	3096.52
Labor:	.00	Misc:	.00	Total:	3096.52		
Sublt:	.00	Supplies:	.00	Change:	.00		

Signed _____ Date _____

BARTLESVILLE, OK 918/338-0808 EL DORADO, KS 316/322-7022 EUREKA, KS 620/583-7664 PONCA CITY, OK 580/762-2303 OAKLEY, KS 785/672-8822 OTTAWA, KS 785/242-4044 THAYER, KS 620/839-5269 GILLETTE, WY 307/686-4914 CUSHING, OK 918/225-2650



CONSOLIDATED
Oil Well Services, LLC

260711

TICKET NUMBER 42205
LOCATION Off Hwy
FOREMAN Alan Made

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
7-18-13	3244	Williams A-7	Sw 24	15	20	FR

CUSTOMER
Altavista Energy

MAILING ADDRESS
P.O. Box 182

CITY
Wellsville

STATE
KS

ZIP CODE
66092

TRUCK #	DRIVER	TRUCK #	DRIVER
5K	Alan Made	5475	Meet
495	Kei Car		
370	Jas Ric		
510	Wil Met		

JOB TYPE plug HOLE SIZE 5 5/8 HOLE DEPTH _____ CASING SIZE & WEIGHT _____

CASING DEPTH _____ DRILL PIPE _____ TUBING 1" OTHER _____

SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING _____

DISPLACEMENT _____ DISPLACEMENT PSI _____ MIX PSI _____ RATE _____

REMARKS: Hooked to tubing, 1" had been dropped. It was plugged
waited to pull 1" out & run back in. Washed for
TD, Mixed & pumped 60 sk 50/50 cement plus 6% gel to fill 2/3 of well. Pulled 1" out to
Mixed & pumped 35 sk cement, circulated to surface
pulled 1" out. Topped off well, washed 1" & equip.
ment. 95.5k total

TOS, Was Driller, Shawn Pulling Unit.

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5425N	1	PUMP CHARGE	495	1085.00
5406	20	MILEAGE	495	8400
5407	min	ten miles	510	3680
5502L	3	80 vac	370	2700
1124	95	50/50 cement		1692.50
118B	479#	gel		105.33
			<input checked="" type="checkbox"/> completed	
			SALES TAX	91.63
			ESTIMATED TOTAL	3096.52

11avin 3737

NO company rep
Jim Old

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.