



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

KANSAS CORPORATION COMMISSION 1261230
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

PO Box 884, Chanute, KS 66720
620-431-9210 or 800-467-8676

3584

80504
3504

TICKET NUMBER 47982

LOCATION Chanute, ks.
FOREMAN Cody Davis
MILES 5

FIELD TICKET & TREATMENT REPORT

CEMENT

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
7/21/15	5950	Goossen trust #1	11	10 S	33W	Thomas
CUSTOMER	O brien					
MAILING ADDRESS	Chanute, ks. North road west road 785 win #0					
CITY	STATE	ZIP CODE	TRUCK #	DRIVER	TRUCK #	DRIVER
			445	Cody D.		
			693	Rob S.		
			479	Rance R.		
			563/502	John S.		

JOB TYPE O.H.P. HOLE SIZE _____ HOLE DEPTH _____
 CASING DEPTH _____ DRILL PIPE _____ TUBING 2 3/4 OTHER _____
 SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT IN CASING _____
 DISPLACEMENT 1319 1/2 DISPLACEMENT PSI _____ MIX PSI _____ RATE 4650
 REMARKS: Softing mud - dig up on rig hole. Hook pump truck to hole mix 800# gel followed
by 70 sks 10/40 49 gal 1/4 flt with 250# Hulls - full tubing to 2650 mix 90 sks 60/40 49 gal 1/4 flt
with 100# hulls - pull tubing to 1325 circulate cement top pull tubing out top off mixing 20 sks
Hook up to Back side mix 20 sks

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
CE0450	1	PUMP CHARGE	15.00	1,500.00
CE0002	10	MILEAGE	7.15	71.50
CE0711	17.2	Minimum Cement Delivery	1.75	660.00
CC5829	2 95 sks	Light weight Blend B	16.00	4,740.00
CC6075	100 #	Celluloflax	3.00	300.00
CC5965	800 #	Bentonite	.30	240.00
CC6080	350 #	Gottenseed Hulls	.50	175.00
		sub total		7,666.50
		30% less		2,299.95
		sub total		5,366.55
		sub total		
		30% less		
		sub total		
		SALES TAX		685.84
		ESTIMATED TOTAL		5,051.89

Rawin 9797

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.