



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

KANSAS CORPORATION COMMISSION 1264886  
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





P.O. Box 205803  
Dallas, TX 75320-5803

Voice: (832) 482-3742  
Fax: (832) 482-3738

**Bill To:**  
Chesapeake Operating, Inc  
P. O. Box 548806  
Oklahoma City, OK 73154-8806

# INVOICE

Invoice Number: 150377  
Invoice Date: Jul 28, 2015  
Page: 1

Federal Tax I.D.#: 20-8651475

<b>Customer ID</b>	<b>Field Ticket #</b>	<b>Payment Terms</b>
Ches	65584	Net 30 Days
<b>Job Location</b>	<b>Camp Location</b>	<b>Service Date</b>
KS1-03	Great Bend	Jul 28, 2015
		<b>Due Date</b>
		8/27/15

Quantity	Item	Description	Unit Price	Amount
1.00	WELL NAME	Nagel B #1		
155.00	CEMENT MATERIALS	60/40/4% Gel Blend	18.92	2,932.60
163.88	CEMENT SERVICE	Cubic Feet Charge	2.48	406.42
263.34	CEMENT SERVICE	Ton Mileage Charge	2.75	724.19
1.00	CEMENT SERVICE	Plug to Abandon	1,512.25	1,512.25
38.00	CEMENT SERVICE	Pump Truck Mileage	7.70	292.60
38.00	CEMENT SERVICE	Light Vehicle Mileage	4.40	167.20
1.00	CEMENT SUPERVISOR	Wayne Davis		
1.00	EQUIPMENT OPERATOR	Brian Lang		
1.00	OPERATOR ASSISTANT	Marlin Spangenberg		
1.00	JOB DISCOUNT	Job Discount if paid within terms	2,112.34	-2,112.34

ALL PRICES ARE NET, PAYABLE  
30 DAYS FOLLOWING DATE OF  
INVOICE. 1 1/2% CHARGED  
THEREAFTER. IF ACCOUNT IS  
CURRENT, TAKE DISCOUNT OF

\$                     

ONLY IF PAID ON OR BEFORE

Aug 27, 2015

Subtotal	3,922.92
Sales Tax	452.64
Total Invoice Amount	4,375.56
Payment/Credit Applied	
<b>TOTAL</b>	<b>4,375.56</b>

