



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

KANSAS CORPORATION COMMISSION 1264895
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



TICKET NUMBER 49565
 LOCATION Oakley KS
 FOREMAN Miles Shaw

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

FIELD TICKET & TREATMENT REPORT
CEMENT

KS

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY	
9-29-15		Nettleingham 1	14	16S	14W	Barton	
CUSTOMER		MAILING ADDRESS		TRUCK #		DRIVER	
Chesa Pegke		Russell KS 501 N 2nd St 1/2 E to N 1st St KS U.S.		731		Seanyll	
CITY		STATE		TRUCK #		DRIVER	
				530T127		Rob S	

JOB TYPE OHF HOLE SIZE _____ HOLE DEPTH _____ CASING SIZE & WEIGHT 5 1/2"
 CASING DEPTH _____ DRILL PIPE _____ TUBING 2 3/4" OTHER _____
 SLURRY WEIGHT 13.8 SLURRY VOL 1.8 WATER gal/sk _____ CEMENT LEFT in CASING _____
 DISPLACEMENT _____ DISPLACEMENT PSI _____ MIX PSI _____ RATE _____

REMARKS: Safety mapping and rigging on well. Run tubing to 3200' m.v. go 50 60/40 48 gal 1/4" flo with 50# hulls. Pull tubing to 2650' mix 1200# gel. Pull tubing to 1500' mix 225 5x 60/40 48 gal with 200# hulls. Pulled tubing top off with 50 60/40 48 gal 1/4" flo seal and 100# cottonseed hulls mix 105x in back side

Thanks Miles & crew

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
CE0470	1	PUMP CHARGE	950.00	950.00
CE0002	20	MILEAGE	7.15	143.00
CE6711	15.87 tons	Ton mileage delivered min	46.00	660.00
CC5829	365 5x	Lite-weight Blend U 60/40 48 gal	16.00	5840.00
CC6075	91 #	Cello flake	2.00	182.00
CC6080	350 #	Cotton seed hulls	1.50	175.00
CC5965	1200 #	Bentonite seal	.30	360.00
			Subtotal	8310.00
			less 30% discount	2493.00
AFF # 803589			Subtotal	5817.00
			SALES TAX	
			ESTIMATED TOTAL	

Ravin 3737
 AUTHORIZATION Dennis Friel 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

8587

Date 9-29-15

CHARGE TO: Chesapeake Operating, LLC.
 ADDRESS _____
 R/A SOURCE NO. _____ CUSTOMER ORDER NO. AFEH 803589
 LEASE AND WELL NO. Nuttalningham #1-14 FIELD _____
 NEAREST TOWN _____ COUNTY Butler STATE KS
 SPOT LOCATION SE-SE-NE SEC. 14 TWP. 16S RANGE 14W
 ZERO 6.L. CASING SIZE 5 1/2" WEIGHT _____
 CUSTOMER'S T.D. _____ LOG TECH _____ FLUID LEVEL _____
 ENGINEER Lee Boltz OPERATOR Heath Boehler

PERFORATING					
Description	No. Shots	Depth		Amount	
		From	To		
<u>Dress HSC 3125-382 3 square holes</u>	<u>2</u>		<u>900</u>		
<u>" " " " " " "</u>	<u>2</u>		<u>1450</u>		
					<u>00021</u>

DEPTH AND OPERATIONS CHARGES						
Description	Depth		Total No. Ft.	Price Per Ft.	Amount	
	From	To				

MISCELLANEOUS			
Description	Quantity	Amount	
<u>Service Charge</u>	<u>1</u>	<u>550</u>	<u>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 [Signature] Date 9-29-15

Sub Total	<u>1750</u>	<u>00</u>
Code Ref.		
Tool Insurance		
Tax		
	<u>1150</u>	<u>00</u>