



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

KANSAS CORPORATION COMMISSION 1264908
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

TICKET NUMBER 49522
LOCATION Oakley, KS
FOREMAN Jeremy R. Mills Shaw

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
8/27/15		Somers 1-17	17	235	31W	Finney
CUSTOMER			TRUCK #	DRIVER	TRUCK #	DRIVER
CheSapeak			528BT127	collin S		
MAILING ADDRESS			731	CODY R		
CITY						
STATE						
ZIP CODE						

JOB TYPE QHP HOLE SIZE _____ HOLE DEPTH _____ CASING SIZE & WEIGHT 5 1/2
 CASING DEPTH _____ DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT 13.0 SLURRY VOL 1.4 WATER gal/sk _____ CEMENT LEFT in CASING _____
 DISPLACEMENT _____ DISPLACEMENT PSI _____ MIX PSI _____ RATE _____

REMARKS: Safety meeting rigged up well Pumped Down casing 100 SKS 60/40 4% displaced
40 bbl pressured up to 500psi 200lbs of HLLS perforated below bottom of surface casing
put on 5 1/2 string established blow ran 40 joints of tubing in mixed 200SKS Down
tubing circulated casing & surface pipe pulled tubing out topped off with 25 SKS

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
CE0470	1	PUMP CHARGE	950.00	950.00
CE0002	70	MILEAGE	7.15	500.50
CE0710	12.25	70n mileage	1.75	1562.00
CE5829	325 SKS	60/40 4% gel Lite weight blend	16.00	5200
CE6075	81 lbs	CELLOFLAKE	2.00	162.05
CE6080		Cotton Seed HLLS	.50	100.00
AFU803564			Sub	8,474.05
			less 30%	2,542.22
			Sub	5,931.83
			SALES TAX	
			ESTIMATED	
			TOTAL	

Ravin 3737
 AUTHORIZATION Dennis Dick 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.



PIONEER

Every Project Is Personal

Pioneer Wireline Services, LLC

Service Order No.

1 - 49833

Phone: 785.625.3858

Fax: 785.625.8635

Date: 8-27-15

Client Info	Company CHESAPEAKE				Client Order # 06				
	Billing Address				City		ST	Zip	
Well Info	Lease & Well # SOMERS 1-17			Field Name			Legal Description (coordinates)		
	Nearest Town GARDEN CITY		County / Parish FINNEY	ST KS	Rig	Permit #	Price Zone	Casing Size 8 1/2	Casing Weight
	Fluid WATER	Level (surf.) 80	Reading from 66	Customer T.D.	Pioneer T.D.	Elevation	KB Elevation		
Crew	Engineer LADD DUTY		Truck Driver LSNEAL		Crew Members			Unit # 3	Miles 140

Product Code	Description	Q-ty	Unit Price	Depth		\$ Amount
				From	To	
12101	CBC DEPTH min	1	.79	0	1300	4740 ⁰⁰
12102	OPERATIONS	1300	.79	1300	0	1027 ⁰⁰
17500	SCILLIC GUN DEPTH min	1	.25	0	320	1500 ⁰⁰
17502	SHOT CHARGE min	4	58 ⁰⁰			1160 ⁰⁰
AFE 803566						
10000	TRUCK # 3	1				2200 ⁰⁰

THE UNDERSIGNED HEREBY CERTIFIES THAT HE HAS FULL AUTHORITY TO ENTER INTO THIS CONTRACT ON BEHALF OF THE CLIENT AND AGREES TO THE TERMS AND CONDITIONS SET FORTH ON THE REVERSE SIDE HEREOF.

Client Approval	
Name Printed	Signature / Date

Pioneer Field Representative	
LADD DUTY	8-27-15
Name Printed	Signature / Date

SUBTOTAL	10627 ⁰⁰
DISCOUNT	
SUBTOTAL	2656 ⁰⁰
TAX	
NET TOTAL	

PIONEER OFFICE USE ONLY - Manager Approval	
Name Printed	Signature / Date