



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

KANSAS CORPORATION COMMISSION 1264915
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

Daily Completion and Workover History (Daily Ops Only)

Property Number: 296113

Well Name: MORROW A 2-6



Production Engineer		Contact Name		Role		Contact Name		Role	
API Number	State	County	Op Field Name	Bud Neff	Original RKB (ft)	Ground Elev (ft)	KE-Ground Dist...	First Sales Gas	First Sales Oil
1500722470	KANSAS	BARBER	VERTICAL		1,654.0	1,641.0	13.0	4/30/1995	5/8/1995

Date	Event
8/26/2015	Description of Work: Rig to location, HPJSAM, TOHW rods & tubing laying out in singles, SDFN , Daily Job Costs: 3,200 Cost, Cum Job Costs to Date: 3,200 Cost, Total AFE Costs: <Job - Total AFE + Supp Amount>, CHK Supervisor: <CHK Supervisor?>
8/27/2015	Description of Work: No Activity , Daily Job Costs: <Daily Cost Total?>, Cum Job Costs to Date: 3,200 Cost, Total AFE Costs: <Job - Total AFE + Supp Amount>, CHK Supervisor: <CHK Supervisor?>
8/28/2015	Description of Work: No Activity , Daily Job Costs: <Daily Cost Total?>, Cum Job Costs to Date: 3,200 Cost, Total AFE Costs: <Job - Total AFE + Supp Amount>, CHK Supervisor: <CHK Supervisor?>
8/29/2015	Description of Work: No Activity , Daily Job Costs: <Daily Cost Total?>, Cum Job Costs to Date: 3,200 Cost, Total AFE Costs: <Job - Total AFE + Supp Amount>, CHK Supervisor: <CHK Supervisor?>
8/30/2015	Description of Work: No Activity , Daily Job Costs: <Daily Cost Total?>, Cum Job Costs to Date: 3,200 Cost, Total AFE Costs: <Job - Total AFE + Supp Amount>, CHK Supervisor: <CHK Supervisor?>
8/31/2015	Description of Work: HPJSAM, MI WL & TIH w/ CIBP & Set @ 4800', Dump bail 2sx Cmt on top, loaded hole & free point Csg @3432', Cut Csg, started to pull Csg unable to pull free, Free Point Csg & Cut @ 2534', Start to LD Csg. SDFN, Daily Job Costs: 6,730 Cost, Cum Job Costs to Date: 9,930 Cost, Total AFE Costs: <Job - Total AFE + Supp Amount>, CHK Supervisor: <CHK Supervisor?>
9/1/2015	Description of Work: HPJSAM, LD 5-1/2 Csg, TIH w/ Tbg to 709', MI Allied, Mixed & Pumped 15sx 60/40 Cmt, Good Circulation, PUH to 498', Mixed & Pumped 50sx 60/40 Cmt, PUH to 60', Mixed & Pumped 25sx 60/40 Cmt, circulated Cmt to surface, RDMO Final Report , Daily Job Costs: 8,263 Cost, Cum Job Costs to Date: 18,193 Cost, Total AFE Costs: <Job - Total AFE + Supp Amount>, CHK Supervisor: <CHK Supervisor?>

Pioneer wire line
by a Master Service Agreement.

Customer agrees that the services described and the prices listed below are binding as a negotiated agreement and subsequent payment for the services rendered will be according to the General Terms and Conditions.

TO BE PAID BY _____ (PRINT CORRECT NAME) BY _____ (SIGNATURE OF CUSTOMER OR AUTHORIZED REPRESENTATIVE)
 COMPANY AMES SERVICE, INC.
 BILL TO (IF OTHER THAN ABOVE) _____
 ADDRESS _____
 CITY _____ STATE _____ ZIP CODE _____
 P.O.# _____ AFE# 503583 CONTRACT# _____

WELL INFORMATION		WELL NAME	STATE	RIG	FIELD	PRICING ZONE
RUN NO.	CODE	SERVICE DESCRIPTION			BOOK PRICE	FIELD AMOUNT
	11000	SERVICE CHARGE			2200	
	15071	SET 52 CUB @ 4800			1920	
	15072	OPERATIONS			2600	
	15021	WUP 2ST CEMENT @ 4800			1392	
	15022	OPERATIONS			2400	
	15090	5A CUB			2200	
		BOOK PRICE			12,712	
		JOB PRICE			2250	
ENVIRONMENTAL CHARGE						

EQUIPMENT	TOTAL TIME	OPER. TIME	FREE STAND BY	CHARGE TIME	ESTIMATED CHARGE
CREW					2250

THE SERVICE(S) AND/OR EQUIPMENT COVERED BY THIS SERVICE ORDER HAVE BEEN PERFORMED OR RECEIVED

Signature of Customer or Authorized Representative: _____
 Signature of Pioneer Engineer: _____



Field Ticket Number: MLK1509011230

Field Ticket Date:

Tuesday, September 01, 2015

Bill To:
 CHESAPEAKE
 Oklahoma City, OK 73154-0496
 P O Box 18496

Job Name:
 Well Location:
 Well Name:
 Well Number:
 Well Type:
 Rig Number:
 Shipping Point:
 Sales Office:

BARBER, KS
 MARROW A
 42041
 Medicine Lodge, KS
 Mid Con

PERSONEL		EQUIPMENT	
JUSTIN BOWER		PICK UP 674	
KINDEL HOLIMAN		892-555	
JOE HALCOMB		818-823	

SERVICES - SERVICES - SERVICES

Passenger	City	Rate	Unit	Quantity	Gross Amt	Discount	Net Amount
PLAB	0.00	min. 4 hr	1,250.00	0.00	0.00	1,062.50	15%
PHDL	0.00	per cu. Ft	FALSE	0.00	0.00	0.00	15%
DRYG	225.60	ton-mile	2.48	559.49	2.11	2.11	15%
MILV	301.80	per mile	2.75	829.95	2.34	2.34	15%
MIHV	30.00	per mile	4.40	132.00	3.74	3.74	15%
	30.00	per mile	7.70	231.00	6.55	6.55	15%

FLOAT EQUIPMENT -- FLOAT EQUIPMENT -- FLOAT EQUIPMENT

0	0.00		0.00	0.00	0.00	0.00	15%	0.00
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MATERIALS - MATERIALS - MATERIALS

CB-APA-40604	156.00	sack	18.92	2,951.52	16.08	2,508.79	15%	2,508.79
	0	0.00	FALSE	0.00	0.00	0.00	15%	0.00
	0	0.00	FALSE	0.00	0.00	0.00	15%	0.00
	0	0.00	FALSE	0.00	0.00	0.00	15%	0.00
	0	0.00	FALSE	0.00	0.00	0.00	15%	0.00
	0	0.00	FALSE	0.00	0.00	0.00	15%	0.00

ADDITIONAL ITEMS - ADDITIONAL ITEMS - ADDITIONAL ITEMS

Additional hours, in excess of set hours	per hour	440.00	0.00	0.00	374.00	0.00	15%	0.00
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	Gross	Discount	Final
Services Total	1,752.44	262.87	1,489.57
Equipment Total	0.00	0.00	0.00
Materials Total	2,951.52	442.73	2,508.79
Additional Items	0.00	0.00	0.00
Final Total	4,703.96	705.59	3,998.36

Allied Rep
 Customer Agent
 JUSTIN BOWER
 BARRY WALTERS

*This output does NOT include taxes. Apptioable sales tax will be billed on the final invoice.
 Customer hereby acknowledges receipt of the materials and services described above and on the attached documents.
 I have read and understand the "GENERAL TERMS AND CONDITIONS" listed on the following page.*

X _____
 Customer Signature
 Field Ticket Total (USD): **\$3,998.36**

GENERAL TERMS AND CONDITIONS

