



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

KANSAS CORPORATION COMMISSION 1265157  
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 47763  
LOCATION Oakley KS  
FOREMAN Miles 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
9-15-15		Hall #1-12	12	29S	32W	Haskell
CUSTOMER			TRUCK #	DRIVER	TRUCK #	DRIVER
Chesapeake			731	Kody R		
MAILING ADDRESS			Gardnertu Sta Hwy 144 SE 7/45 E.S. 528T129			
CITY	STATE	ZIP CODE				

JOB TYPE OHF HOLE SIZE \_\_\_\_\_ HOLE DEPTH 240' CASING SIZE & WEIGHT 4 1/2"  
 CASING DEPTH \_\_\_\_\_ DRILL PIPE \_\_\_\_\_ TUBING \_\_\_\_\_ OTHER \_\_\_\_\_  
 SLURRY WEIGHT 138 SLURRY VOL 1.4 WATER gal/sk \_\_\_\_\_ CEMENT LEFT in CASING \_\_\_\_\_  
 DISPLACEMENT \_\_\_\_\_ DISPLACEMENT PSI \_\_\_\_\_ MIX PSI \_\_\_\_\_ RATE \_\_\_\_\_

REMARKS: Safety Meeting and rig up on well mix 120 sk 60/40 48'el with 200# huffs  
displace down with 12 bbls to 500 psi. Run tubing to 200' mix 100 sk circulated  
to surface. Mix 15 sk backside and 15 sk to top of casing

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
CE0470	1	PUMP CHARGE	950. <sup>00</sup>	950. <sup>00</sup>
CE0002	40 miles	MILEAGE	7.15	286. <sup>00</sup>
CE0710	10.75 Ton	Ton mileage delivery	1.75	752. <sup>50</sup>
CC5829	250 sk	Lite-weight blend U 60/40 48' cement	16. <sup>00</sup>	4000. <sup>00</sup>
CC6080	200#	Cotton seed huffs	.50	100. <sup>00</sup>
CC6075	62 #	Cello Platio	2. <sup>00</sup>	124. <sup>00</sup>
AFE # 803567			Subtotal	6212. <sup>50</sup>
			less 30% discount	1863. <sup>75</sup>
			Subtotal	4348. <sup>75</sup>
			SALES TAX	
			ESTIMATED TOTAL	

Ravin 3737  
 AUTHORIZATION [Signature] 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.



Every Project Is Personal

Pioneer Wireline Services, LLC

Service Order No.

1-49839

Phone: 785.625.3858

Fax: 785.625.8635

Date: 9-15-15

Client Info	Company <b>CHESAPEAKE</b>				Client Order # <b>OW</b>			
	Billing Address			City	ST	Zip		
Well Info	Lease & Well # <b>HULL # 1-12</b>			Field Name		Legal Description (coordinates)		
	Nearest Town <b>SUBCETT</b>	County / Parls <b>HASKELL</b>	ST <b>KS</b>	Rig	Permit #	Price Zone	Casing Size	Casing Weight
	Fluid <b>WATER</b>	Level (surf.) <b>FULL</b>	Reading from <b>61</b>	Customer T.D.	Pioneer T.D.	Elevation	KB Elevation	
Crew	Engineer <b>LADD DUTY</b>		Truck Driver <b>LSMEAL</b>		Crew Members		Unit # <b>3</b>	Miles <b>80</b>

Product Code	Description	Q-ty	Unit Price	Depth		\$ Amount
				From	To	
12101	CBC DEPTH <i>mia</i>	1	79	0	800	4740 <sup>00</sup>
12102	OPERATIONS	1	79	800	0	632 <sup>00</sup>
17500	3/8 SLICK GUN DEPTH <i>mia</i>	1	125	0	675	1500 <sup>00</sup>
17502	SHOT CHARGE <i>mia</i>	4	58 <sup>00</sup>			1160 <sup>00</sup>
10000	TRUCK # 3	1				2200 <sup>00</sup>

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	
Name Printed <b>LADD DUTY</b>	Signature / Date <i>[Signature]</i> 9-15-15

SUBTOTAL	
DISCOUNT	
SUBTOTAL	2656 <sup>00</sup>
TAX	
NET TOTAL	

PIONEER OFFICE USE ONLY - Manager Approval	
Name Printed <i>[Signature]</i>	Signature / Date