



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

KANSAS CORPORATION COMMISSION 1265446
OIL & GAS CONSERVATION DIVISION
WELL PLUGGING RECORD
 K.A.R. 82-3-117

Form CP-4
March 2009

Type or Print on this Form
Form must be Signed
All blanks must be Filled

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



REMIT TO
 Consolidated Oil Well Services, LLC
 Dept:970
 P.O.Box 4346
 Houston, TX 77210-4346

MAIN OFFICE

P.O.Box884
 Chanute, KS 66720
 620/431-9210, 1-800/467-8676
 Fax 620/431-0012

Invoice Invoice# 805793

Invoice Date: 09/24/15 Terms: Net 30 Page 1

PHILLIP OIL PROPERTIES INC.

733 North Baltimore
 Derby KS 67037
 USA
 316-295-4335

FERGUSON #1

Part No	Description	Quantity	Unit Price	Discount(%)	Total
CE0451	Cement Pump Charge 1501' - 3000'	1.000	1,900.0000	45.000	1,045.00
CE0002	Equipment Mileage Charge - Heavy Equipment	50.000	0.0000	0.000	0.00
CE0710	Cement Delivery Charge	653.000	1.7500	45.000	628.51
CC5829	Lite-Weight Blend V (60:40:4)	278.000	16.0000	45.000	2,446.40
CC5325	Calcium Chloride	150.000	1.0000	45.000	82.50
CC6075	Celloflake	25.000	2.0000	45.000	27.50
Subtotal					7,690.75
Discounted Amount					3,460.84
SubTotal After Discount					4,229.91
Amount Due 8,016.11 If paid after 10/24/15					

Tax: 178.95

Total: 4,408.86

VEN. NO. Denton WELL # FE001-0
 ACCT. # 74261 AMT. 14408.86
 ACCT. # _____ AMT. _____
 ACCT. # _____ AMT. _____
 ACCT. # _____ AMT. _____


 DRH 9/28/15

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Main body of faint, illegible text, possibly a list or detailed report.

VEN. NO. 1011
ACCT. # TMA 1011 # TOCA
TMA # TOCA
TMA # TOCA
TMA # TOCA

OFFICE # 1011



Jm 4282
Fr 4197

INVOICE #805113

TICKET NUMBER 46214
LOCATION El Dorado
FOREMAN Fuzzy

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
9-23	6293	Ferguson #1	3	311	26	Sumner
CUSTOMER Phillips Oil Properties			TRUCK #			
MAILING ADDRESS 1822 S. Mead			DRIVER			
CITY Wichita			TRUCK #			
STATE KS			DRIVER			
ZIP CODE 67211			TRUCK #			
			DRIVER			

JOB TYPE AWP HOLE SIZE _____ HOLE DEPTH _____ CASING SIZE & WEIGHT 4 1/2
 CASING DEPTH 2880' DRILL PIPE _____ TUBING 2 3/8 OTHER _____
 SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING _____
 DISPLACEMENT _____ DISPLACEMENT PSI _____ MIX PSI _____ RATE _____

REMARKS: Safety meeting on Sams Well Service. Rig up and
plug as ordered. Establish circulation. Mix 45 SKS 60/40 49%
gel 39cc w poly flake @ 2880'. Wait 2 hrs. Tag cement
@ 2360'. Run tbg to 300' mix 110 SKS cement circulated
thru ground. Pull all tbg. Rig up to 4 1/2 casing and pump
125 SKS cement + shut in. (Rig up on Ferguson #2 + top off
with 20 SKS cement.)
Will get weight back on truck

Thanks Fuzzy
& crew

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
CE0451	1	PUMP CHARGE	1900.00	1900.00
CE0002	50	MILEAGE	7.15	N/C
CE0710	13.06	Tow Mileage Delivery X 13.06	1.25	1142.75
CC5829/1019	278	60/40 49% gel	16.00	4448.00
CC5325	150 #	Calcium chloride	1.00	150.00
CC6075	25 #	poly-flake	2.00	50.00
				7690.75
		45% Inst Discount		3460.84
		Subtotal		4229.91
		7% SALES TAX		178.95
		ESTIMATED TOTAL		4408.86

Revin 3737

AUTHORIZATION Trey Phillips 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

