



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

KANSAS CORPORATION COMMISSION 1265464
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



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

MAIN OFFICE

P.O.Box 884
 Chanute, KS 66720
 620/431-9210, 1-800/467-8676
 Fax 620/431-0012

Invoice Invoice# 805778

Invoice Date: 09/23/15 Terms: Net 30 Page 1

PHILLIP OIL PROPERTIES INC.

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

FURGINSON #2

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	7.1500	45.000	196.63
CE0711	Minimum Cement Delivery Charge	1.000	660.0000	45.000	363.00
CE2012	Measuring Line (Slick Line)	1.000	0.0000	0.000	0.00
CE1162	Rotating Swivel Connection	1.000	0.0000	0.000	0.00
CC5829	Lite-Weight Blend V (60:40:4)	200.000	16.0000	45.000	1,760.00
CC5325	Calcium Chloride	200.000	1.0000	45.000	110.00
CC6075	Celloflake	25.000	2.0000	45.000	27.50
Subtotal					6,367.50
Discounted Amount					2,865.38
SubTotal After Discount					3,502.12
Amount Due 6,609.00 If paid after 10/23/15					

Tax: 132.83

Total: 3,634.96

VEN. NO. DEMO WELL # FEG 01-01
 ACCT. # 74201 AMT. 3634.96
 ACCT. # _____ AMT. _____
 ACCT. # _____ AMT. _____
 ACCT. # _____ AMT. _____

DEPT 9/25/15

10/10/2011
10/10/2011
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10/10/2011	10/10/2011	10/10/2011	10/10/2011	10/10/2011	10/10/2011
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NEW YORK
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CONSOLIDATED
Oil Well Services, LLC

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

Jm 4267
FT 4180

Invoice # 805778

TICKET NUMBER 48381

LOCATION 120

FOREMAN Jacob Storm

FIELD TICKET & TREATMENT REPORT
CEMENT

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY			
9-22-15	6293	Ferguson #2	3	34S	3E	Sumner			
CUSTOMER Phillip oil properties									
MAILING ADDRESS 1822 S mead									
CITY wichita		STATE KS	ZIP CODE 67211						
		TRUCK #		DRIVER		TRUCK #		DRIVER	
		603		Tracy					
		713		Mark					
		702		Jacob					

JOB TYPE plug B HOLE SIZE _____ HOLE DEPTH 2880 CASING SIZE & WEIGHT 5 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, Run tubing to 2878 mix 45 sks 60/40 poz
3 1/2 cc 1/2 lb poly - displaced with 2 hbl water, pull up to 1900 ft, Run
wire line tag cement at 2530 pull tubing part at 300 ft
Run 300 ft tubing back in mix 98 sks 60/40 poz 4 1/2 gel, pull
tubing tie onto 5 1/2 mix 57 sks 60/40 poz 4 1/2 gel circulating cement,
cement fell approx 60 ft Shut in.

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	357.50
CE0711	1	Bulk delivery	660.00	660.00
CE2012	1	wire line	75.00	N/A
CE1162	1	wash head	252.00	N/A
CC5829	200	60/40 poz 4 1/2 gel	16.00	3200.00
CC5325	200	calcium chloride	1.00	200.00
CC6075	25	poly-Flake	2.00	50.00
			Subtotal	6367.50
			-	2865.38
			total	3502.12
			7%	SALES TAX
				ESTIMATED
				TOTAL
				132.89
				3634.96

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.