



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

KANSAS CORPORATION COMMISSION 1269199
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

8A



CONSOLIDATED
Oil Well Services, LLC

TICKET NUMBER **47814**

LOCATION Oakley, KS

FOREMAN Jerry Y

Cory D

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

FIELD TICKET & TREATMENT REPORT
CEMENT

KS

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
8-11-15	2199	Woods 4-30	30	245	40W	Hamilton
CUSTOMER			Syracuse			
MAILING ADDRESS			TRUCK #	DRIVER	TRUCK #	DRIVER
Chesapeake			731	Cody R		
			566	Bill S		
CITY		STATE	ZIP CODE			

JOB TYPE OHP HOLE SIZE _____ HOLE DEPTH _____ CASING SIZE & WEIGHT 4 1/2
 CASING DEPTH _____ DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT 138 SLURRY VOL 1.42 WATER gal/sk _____ CEMENT LEFT in CASING _____
 DISPLACEMENT _____ DISPLACEMENT PSI _____ MIX PSI _____ RATE _____

REMARKS: Safety meeting on rig up on wellhead plug as ordered with 160 sks 60/40
poz mix 4% gel 1/4# flo seal

100 sks @ 235' with 200# hulls displace to 1155'
40 sks @ 600' bringing cement to surface
20 sks top off
annals press to 200# no cement

*Thank you
Jerry & Crew*

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
CE 0470	1	PUMP CHARGE	950 ⁰⁰	950 ⁰⁰
CE 0002	100	MILEAGE	7 ⁵⁰	715 ⁰⁰
CE 0710	6.88	ton mileage delivery	17 ⁵⁰	1204 ⁰⁰
CC 5829	160 sks	Lite blend V	16 ⁰⁰	2560 ⁰⁰
CC 6025	40 #	fo seal	2 ⁰⁰	80 ⁰⁰
CC 6080	200 #	cotton seed hulls	.50	100 ⁰⁰
			subtotal	5609 ⁰⁰
			less 30% disc	1682 ⁷⁰
			subtotal	3926 ³⁰
AFE 803565				
			SALES TAX	
			ESTIMATED TOTAL	

Ravin 3737
 AUTHORIZATION Dennis Frick 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

LOG-TECH OF KANSAS, INC.

P.O. BOX 885
GREAT BEND, KANSAS 67530
(620) 792-2167

INVOICE
8549

Date 8-11-15

CHARGE TO: Chesapeake Operating, Inc
 ADDRESS _____
 R/A SOURCE NO. _____ CUSTOMER ORDER NO. AFE# 803565
 LEASE AND WELL NO. Wood # 4-30 FIELD _____
 NEAREST TOWN _____ COUNTY Hamilton STATE KS
 SPOT LOCATION C-SW/4 NE/4 SEC. 30 TWP. 24S RANGE 40W
 ZERO Gub. CASING SIZE 4 1/2" WEIGHT _____
 CUSTOMER'S T.D. _____ LOG TECH _____ FLUID LEVEL Full
 ENGINEER Lee Boltz OPERATOR Heath Buehler

PERFORATING				
Description	No. Shots	Depth		Amount
		From	To	
<u>Owen HSC 3125-332 Square Holes</u>	<u>4</u>	<u>574</u>	<u>575</u>	
<u>1" 1" 1" 1" 1" 1"</u>	<u>4</u>	<u>350</u>	<u>351</u>	
				1300 00
				1300 00

DEPTH AND OPERATIONS CHARGES					
Description	Depth		Total No. Ft.	Price Per Ft.	Amount
	From	To			
<u>Gamma Ray / ccl / Bond</u>	<u>0</u>	<u>800</u>	<u>MIN</u>	<u>.31</u>	<u>930 00</u>
	<u>900</u>	<u>0</u>	<u>MIN</u>	<u>.29</u>	<u>580 00</u>

MISCELLANEOUS		
Description	Quantity	Amount
<u>Service Charge</u>	<u>1</u>	<u>550 00</u>

PRICES SUBJECT TO CORRECTION BY BILLING DEPARTMENT

RECEIVED THE ABOVE SERVICES ACCORDING TO THE TERMS AND CONDITIONS SPECIFIED ON THE REVERSE SIDE TO WHICH WE HEREBY AGREE.

Lee Boltz 8-11-15
 Customer Signature Date

Sub Total	3360 00
Code Ref. Tool Insurance	1000 00
Tax	
	1000 00
	3192.00