



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

KANSAS CORPORATION COMMISSION 1271657
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

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#

806336

Invoice Date: 11/12/15

Terms: Net 30

Page 1

CARMEN SCHMITT, INC.

P.O. BOX 47 (915 HARRISON)
GREAT BEND KS 57530
USA
6207935100

ZIEGELMEIER #1-2

Part No	Description	Quantity	Unit Price	Discount(%)	Total
CE0450	Cement Pump Charge 0 - 1500'	1.000	1,500.0000	40.000	900.00
CE0002	Equipment Mileage Charge - Heavy Equipment	30.000	7.1500	40.000	128.70
CE0711	Minimum Cement Delivery Charge	1.000	660.0000	40.000	396.00
CC5829	Lite-Weight Blend V (60:40:4)	240.000	16.0000	40.000	2,304.00
CC6075	Celloflake	60.000	2.0000	40.000	72.00
CP8228	8 5/8" Wooden Plug	1.000	165.0000	40.000	99.00
CC5326	Sodium Chloride, Salt	100.000	0.0000	0.000	0.00

Subtotal 6,499.50

Discounted Amount 2,599.80

SubTotal After Discount 3,899.70

Amount Due 6,808.88 If paid after 12/12/15

Tax: 185.63

Total: 4,085.33

*7/10/43
19017.0102
BCP
Well Site
" Cement Plugging*



CONSOLIDATED
Oil Well Services, LLC

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

4739
4647

INVOICE # 806336

TICKET NUMBER 49612
LOCATION Oakley Kc
FOREMAN Jerry V

FIELD TICKET & TREATMENT REPORT
CEMENT

Rs

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
11-11-15	1860	Ziegelmeier #1-2	2	7s	32w	Thomas
CUSTOMER Carmen Schmitt			TRUCK # DRIVER TRUCK # DRIVER			
MAILING ADDRESS			753 - Cory D			
CITY STATE ZIP CODE			397 - Keith C			
			assist Michael R			
			714			

JOB TYPE plug HOLE SIZE 7 7/8 HOLE DEPTH 4576 CASING SIZE & WEIGHT _____
 CASING DEPTH _____ DRILL PIPE 4 1/2 TUBING _____ OTHER _____
 SLURRY WEIGHT 13.8 SLURRY VOL 1.42 WATER gal/sk _____ CEMENT LEFT in CASING _____
 DISPLACEMENT _____ DISPLACEMENT PSI _____ MIX PSI _____ RATE _____

REMARKS: Softly meeting & rig up on WJ10 plug as ordered with sks
Lite weight 1/4 # flo seal
50 sks @ 2665'
100 sks @ 1800'
50 sks @ 300'
10 sks @ 40' with 8 7/8 wooden plug
30 sks Retrolc

Thank you
Jerry & crew

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
CE0450	1	PUMP CHARGE	1500.00	1500.00
CE0002	30	MILEAGE	7.15	214.50
CE0711	10.32	ton mileage delivery (min)	66.00	660.00
CC5829	240 sks	Lite blend II	16.00	3840.00
CC6075	60 #	flo seal	2.00	120.00
CP8228	1	8 7/8 wooden plug	165.00	165.00
CC5326	100 #	salt	NC	NC
			Subtotal	6499.50
			-40%	2599.80
			Subtotal	3899.70
			SALES TAX	185.63
			ESTIMATED TOTAL	4085.33

Rev'n 3737

AUTHORIZATION Rock O'Brien 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.