



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

KANSAS CORPORATION COMMISSION 1290075
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

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

TICKET NUMBER 51152
LOCATION GL Donado
FOREMAN Fuzzz

FIELD TICKET & TREATMENT REPORT
CEMENT

DATE 2-15-16 CUSTOMER # _____ WELL NAME & NUMBER MARRS #3 SECTION 31 TOWNSHIP 34 RANGE 3 COUNTY Rowley

CUSTOMER MARRS Marilyn W. Rowlands Trust MAILING ADDRESS 28784 11th Rd CITY Arkansas City STATE Ks ZIP CODE 67005

TRUCK # 603 DRIVER Tracy TRUCK # _____ DRIVER _____
 TRUCK # 491 DRIVER Jeremy TRUCK # _____ DRIVER _____
 TRUCK # 628 DRIVER Fuzzz TRUCK # _____ DRIVER _____

JOB TYPE AWP HOLE SIZE _____ HOLE DEPTH _____ CASING SIZE & WEIGHT 4 1/2 / 7 1/2

CASING DEPTH _____ DRILL PIPE 2 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 Bams well service. Establish circulation mix 25sks 60/40 4% cel 3% cc w/ hulls @ 1508' wait cement 1 1/2 hrs Tag at 1350' solids 1448'. Perf @ 304' mix 75sks 60/40 4% cel 3% cc with cottonseed hulls. Pull all tags and top off w/ 70sks cement fill casing and circulate R side to surface.
120sks Total

Thanks Fuzzz
+ crew

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
660450	1	PUMP CHARGE	1500 ⁰⁰	1500 ⁰⁰
660002	60	MILEAGE	7.15	429 ⁰⁰
660711	5.2400	Tow mileage Delivery (min)	660 ⁰⁰	660 ⁰⁰
665829	120	60/40 pos 4% cel	16 ⁰⁰	1920 ⁰⁰
665325	300#	Calcium Chloride	1 ⁰⁰	300 ⁰⁰
666080	100#	Cottonseed hulls	1.50	50 ⁰⁰
		Subtotal		4859 ⁰⁰
		less disc		2186 ⁵⁵
		Subtotal		2672 ⁴⁵
		SALES TAX		
		ESTIMATED TOTAL		

AUTHORIZATION [Signature] TITLE Contractor 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.