



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

KANSAS CORPORATION COMMISSION 1290120
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 #1114
Oil Well Services, LLC 4414

TICKET NUMBER 51153
LOCATION El Dorado
FOREMAN Fuzz4

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

FIELD TICKET & TREATMENT REPORT

CEMENT API # 15-035-22240-00-00

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
2-15-16		MARRS Twin #1	31	34	3	Cowley
CUSTOMER MARRS, Marilyn W. Revocable Trust			TRUCK #		DRIVER	
MAILING ADDRESS 28784 11th Rd			603		Tracey	
CITY Arkansas City			491		Jeremy	
STATE KS			628		Fuzz4	
ZIP CODE 67005						

JOB TYPE NWP HOLE SIZE _____ HOLE DEPTH _____ CASING SIZE & WEIGHT 2 7/8 / 4 1/2'
 CASING DEPTH 801' DRILL PIPE _____ TUBING 2 7/8 OTHER _____
 SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING _____
 DISPLACEMENT _____ DISPLACEMENT PSI _____ MIX PSI _____ RATE _____

REMARKS: Safety meeting on Sam's Well Service Rig up Take in, rate
4 BBL min @ 0# min 30 SKS 60/40 49 gal 3 1/2" hole w/cottonseed
hulls 40 1000# and shut in.

Thanks Fuzz4
+ tracey

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
6602001	1 hrs	PUMP CHARGE	250 ⁰⁰	250 ⁰⁰
660002	60	MILEAGE	7 ¹²	n/c
660711	1	Ton mileage delivery (min)	660 ⁰⁰	660 ⁰⁰
665829	30 SKS	60/40 pos 49 gal	16 ⁰⁰	480 ⁰⁰
669325	50 #	Calcium chloride	1 ⁰⁰	50 ⁰⁰
666080	50 #	Cottonseed hulls	0.50	25 ⁰⁰
		subtotal		1465 ⁰⁰
		less disc		586 ⁰⁰
		subtotal 1		879 ⁰⁰
		SALES TAX		
		ESTIMATED TOTAL		