



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

KANSAS CORPORATION COMMISSION 1294331
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



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

TICKET NUMBER **49651**
LOCATION Oakley Ks
FOREMAN Jerry V

FIELD TICKET & TREATMENT REPORT
CEMENT

Ks

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
1-26-16	2199	WOODS 5A-29	29	24S	40W	Horton
CUSTOMER <u>Chesapeake</u>			Spread 5 down to gate E into			
MAILING ADDRESS			TRUCK #	DRIVER	TRUCK #	DRIVER
CITY			731	Cory D		
STATE			529-7427	Keith C		
ZIP CODE						

JOB TYPE OHP HOLE SIZE _____ HOLE DEPTH _____ CASING SIZE & WEIGHT 4 1/2
 CASING DEPTH _____ DRILL PIPE _____ TUBING 2 3/8 OTHER _____
 SLURRY WEIGHT 13.8 SLURRY VOL 1.42 WATER gal/sk _____ CEMENT LEFT in CASING _____
 DISPLACEMENT _____ DISPLACEMENT PSI _____ MIX PSI _____ RATE _____

REMARKS: Safety meeting & rig up on well head plug as ordered with 280 SKS
60/40 4 1/2 gal 1/4" CB seal
50 sks @ 2339' w/ 200# hulls displac down to 1575' @ 500# psi
190 sks @ 1500' w/ perms @ 600' cement to surface on annulus
10 SKS top off

Thank you
Jerry & crew

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
CE0470	1	PUMP CHARGE	950 ⁰⁰	950 ⁰⁰
CE0002	100	MILEAGE	715	715 ⁰⁰
CE0710	10.75	for mileage delivery	125	1881 ²⁵
CC5829	250 sks	lite bleed	16 ⁰⁰	4000 ⁰⁰
CC6075	63 #	flto seal	2 ⁰⁰	126 ⁰⁰
CC6080	200 #	cotton seed hulls	.50	100 ⁰⁰
			Subtotal	7772 ²⁵
			-35%	2720 ²²
			Subtotal	5051 ⁹⁶
AFE 803637				
			SALES TAX	
			ESTIMATED TOTAL	

Ravin 3737

AUTHORIZATION Denno Dine 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



PIONEER

Every Project Is Personal

Pioneer Wireline Services, LLC

Service Order No.

1 - 50768

Phone: 785.625.3858
Fax: 785.625.8635

Date: 1-26-2016

Client Info	Company <u>Cherokee</u>					Client Order # <u>06</u>				
	Billing Address <u>AF# # 803637</u>					City		ST	Zip	
Well Info	Lease & Well # <u>WOOD 5A-29</u>				Field Name			Legal Description (coordinates)		
	Nearest Town <u>Sylva</u>		County / Parish <u>Wayne</u>		ST <u>NC</u>	Rig	Permit #	Price Zone	Casing Size <u>4.5"</u>	Casing Weight <u>10.3</u>
	Fluid <u>Water</u>	Level (surf.) <u>surf.</u>	Reading from		Customer T.D.		Pioneer T.D.		Elevation	KB Elevation
	Engineer <u>Keith Colman</u>			Truck Driver <u>Mike Page</u>			Crew Members			Unit # <u>7178</u>

Product Code	Description	Q-ty	Unit Price	Depth		\$ Amount
				From	To	
1000	Service Charge	1 EA	2,200	-	-	2,200
12161	Cement Borehole	Dep#	1134	1404	1404	4740
12102	Cement Borehole	Open	1134	1404	150	1,580
17500	3" LP SC.CP	Dep#	1134	601	601	1,500
17502	3" LP SC.CP	Open	1134	601	601	1,160

THE UNDERSIGNED HEREBY CERTIFIES THAT HE HAS FULL AUTHORITY TO ENTER INTO THIS CONTRACT ON BEHALF OF THE CLIENT AND AGREES TO THE TERMS AND CONDITIONS SET FORTH ON THE REVERSE SIDE HEREOF.

Client Approval

Dennis Frick [Signature]
 Name Printed Signature / Date

Pioneer Field Representative

Keith Colman [Signature]
 Name Printed Signature / Date

PIONEER OFFICE USE ONLY - Manager Approval

 Name Printed Signature / Date

SUBTOTAL	11,180
DISCOUNT	
SUBTOTAL	\$ 2,795
TAX	
NET TOTAL	