



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

KANSAS CORPORATION COMMISSION 1294846  
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.  
\_\_\_\_\_  
(Print Name)  Employee of Operator or  Operator on above-described well,

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

5030  
Field Hlt acc  
4936



**CONSOLIDATED**  
Oil Well Services, LLC

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

Invoice # 806664

TICKET NUMBER 51132  
LOCATION E L Dorado  
FOREMAN Fuzzie

FIELD TICKET & TREATMENT REPORT

CEMENT API # 15-115-21501 125

| DATE                                       | CUSTOMER # | WELL NAME & NUMBER | SECTION   | TOWNSHIP | RANGE   | COUNTY |
|--|------------|--------------------|---|----------|---------|--------|
| 12-17-15                                   | 5486       | Roseads #1         | 11  | 21       | 3       | MANION |
| CUSTOMER<br>Mid Continent Energy Corp      |            |                    | Flonore<br>w-heap<br>#50<br>To<br>Flonore<br>4. W<br>1/4 S<br>W-4 |          |         |        |
| MAILING ADDRESS<br>105 S. Broadway Ste 360 |            |                    | TRUCK #   | DRIVER   | TRUCK # | DRIVER |
| CITY<br>Wichita                            |            |                    | 603   | Tracey   |         |        |
| STATE<br>KS                                |            |                    | 775   | Jeremy   |         |        |
| ZIP CODE<br>67202                          |            |                    |   |          |         |        |

JOB TYPE P.T.A. HOLE SIZE 17/8 HOLE DEPTH 3050' CASING SIZE & WEIGHT \_\_\_\_\_  
 CASING DEPTH \_\_\_\_\_ DRILL PIPE 4 1/2 X TUBING \_\_\_\_\_ OTHER \_\_\_\_\_  
 SLURRY WEIGHT \_\_\_\_\_ SLURRY VOL \_\_\_\_\_ WATER gal/sk \_\_\_\_\_ CEMENT LEFT in CASING \_\_\_\_\_  
 DISPLACEMENT \_\_\_\_\_ DISPLACEMENT PSI \_\_\_\_\_ MIX PSI \_\_\_\_\_ RATE \_\_\_\_\_

REMARKS: Safety meeting on w-w #4. Rig up and plus as ordered  
3 SSKs @ 2950' 120 SSKs 60/40 pos 470 gal  
3 SSKs @ 268' w/1/4" Slossal  
3 SSKs @ 60'  
2 SSKs @ RH

Thanks Fuzzie & Crew

| ACCOUNT CODE | QUANTITY or UNITS | DESCRIPTION of SERVICES or PRODUCT | UNIT PRICE | TOTAL    |
|--------------|-------------------|------------------------------------|------------|----------|
| CC0450       | 1                 | PUMP CHARGE                        | 1500.00    | 1500.00  |
| CC0002       | 30                | MILEAGE                            | 7.12       | 214.00   |
| CC0711       |                   | Tow mileage Delivery (min)         | 1.25       | 660.00   |
| CC5829       | 120 SSKs          | 60/40 pos 470 gal                  | 16.00      | 1920.00  |
| CC6079       | 30*               | Slossal                            | 2.00       | 60.00    |
|              |                   | subtotal                           |            | 4354.00  |
|              |                   | 40% less disc                      | 1.777.80   | (717.80) |
|              |                   | subtotal                           |            | 2576.70  |

SCANNED

SALES TAX ESTIMATED TOTAL **# 2576.70**  
 AUTHORIZATION Walter Brown TITLE Tool Pusher DATE 12-17-15

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.