



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

KANSAS CORPORATION COMMISSION 1302866
 OIL & GAS CONSERVATION DIVISION
WELL PLUGGING RECORD
 K.A.R. 82-3-117

Form CP-4
 March 2009

Type or Print on this Form
Form must be Signed
All blanks must be Filled

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 & Gas Services, LLC

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

5237
Field Htr dr
5142

Invoice # 806931

TICKET NUMBER 51147
LOCATION El Dorado
FOREMAN Fuzz

FIELD TICKET & TREATMENT REPORT

cm Boags Turbocement

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
1-29-16	4741	Boags #7	29	34	5E	Conteay
CUSTOMER			TRUCK#	DRIVER	TRUCK#	DRIVER
Victory Minerals			760	Chris		
MAILING ADDRESS			713	Jud		
11. N. St James Place			628	Fuzz		
CITY	STATE	ZIP CODE				
Eastborough	KS	67106				
JOB TYPE	HOLE SIZE	HOLE DEPTH	CASING SIZE & WEIGHT			
ALP			5 1/2			
CASING DEPTH	DRILL PIPE	TUBING	OTHER			
		238				
SLURRY WEIGHT	SLURRY VOL	WATER gal/sk	CEMENT LEFT in CASING			
DISPLACEMENT	DISPLACEMENT PSI	MIX PSI	RATE			
REMARKS: Safety meeting on same well service. Pass up and establish circulation. Mix 35 sks 60 luo 49 gal 30% w/ cottonseed hulls. @ 2673' water cement 112 lbs. Tag cement @ 2296' Pull casing @ 300' run the to 330' circulate cement to surface @ 130 sks 60 luo pos 49 gal. Pull all the time on to 5 1/2 casing and pump 30 sks cement to fill 5 1/2 & circulate B-side 195 sks total cement						
Thanks Fuzz & crew						

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
660451	1	PUMP CHARGE	1900 ⁰⁰	1900 ⁰⁰
660002	45	MILEAGE	7.15	321.75
660711	8.4 hrs	Ten Mileage Delivery (min)	123	660.00
665829	195 sks	60 luo pos 49 gal	16 ⁰⁰	3120 ⁰⁰
665325	100 #	Calcium Chloride	1 ⁰⁰	100 ⁰⁰
666080	50 #	Cottonseed hulls	5 ⁰⁰	250 ⁰⁰
		subtotal		6126 ⁷⁵
		less discount 4%		2757 ⁰⁰
		subtotal		3369 ⁷⁵
		SALES TAX		120.47
		ESTIMATED TOTAL		4249.19

SCANNED

AUTHORIZATION Jerry Austin TITLE DAP DATE 1-29-16

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.