



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

KANSAS CORPORATION COMMISSION 1302881
 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
CEMENT COMPANY, L.L.C.

PO Box 884, Chanute, KS 66720
620-431-9210 or 800-467-9676

5120
Field Hdr doc

Invoice # 206803
FIELD TICKET & TREATMENT REPORT
CEMENT

TICKET NUMBER **48415**
LOCATION **180**
FOREMAN **Jacob Storm**

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
1-1-16	4741	Porter #1	29	34	SE	Cowley
CUSTOMER Victory Minerals			TRUCK# DRIVER TRUCK# DRIVER			
MAILING ADDRESS 11 N. Saint James Place			603	Tracy		
CITY STATE ZIP CODE East Borough KS 67206			713	Jud		
			702	Jacob		
			491	Jeremy		

JOB TYPE plug B HOLE SIZE 7 7/8 HOLE DEPTH 2716 CASING SIZE & WEIGHT 5 1/2
 CASING DEPTH 2700 DRILL PIPE _____ TUBING 2 3/8 OTHER Tub to 2640
 SLURRY WEIGHT 14.1b SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING _____
 DISPLACEMENT _____ DISPLACEMENT PSI _____ MIX PSI _____ RATE _____

REMARKS: Safety meeting. Run tubing to 2640, mix 35 sks 60/40 402
4 1/2 gel 3% cc 1/2 lb poly pull tubing to 1740 ft. Run wire line to tag
plug go to 2697. Run tubing back to 2640 mix 35 sks 60/40
4 1/2 gel 3% cc 1 lb poly, pull tubing tag plug at 2581, shot
holes at 300 ft. Run tubing to 3200 ft. mix 45 sks 60/40
402. 4 1/2 gel pull tubing tie onto 5 1/2 mix. 200 sks 60/40 402.
4 1/2 gel circulating redist to surface

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
CE0451	1	PUMP CHARGE	1900.00	1900.00
CE0002	45	MILEAGE	7.15	321.75
CC5829	313 7450	60/40 4 1/2 gel	16.00	5008.00
CC5325	300	calcium chloride	1.00	300.00
CC6075	50	poly-Flake	2.00	100.00
CE0711	2	min bulk deliver	660.00	1320.00

Subtotal 8949.25
- 4027.39
Total 4922.36

SCANNED

SALES TAX **200.78**
ESTIMATED TOTAL **\$ 5123.14**

AUTHORIZATION hcc 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