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

**KANSAS CORPORATION COMMISSION OIL & GAS CONSERVATION DIVISION** 

1303401

March 2009 Type or Print on this Form Form must be Signed All blanks must be Filled

Form CP-4

## WELL PLUGGING RECORD K.A.R. 82-3-117

OPERATOR: License #:	API No. 15
Name:	Spot Description:
Address 1:	Sec Twp S. R East West
Address 2:	Feet from North / South Line of Section
City: State: Zip: +	Feet from East / West Line of Section
Contact Person:	Footages Calculated from Nearest Outside Section Corner:
Phone: ( )	NE NW SE SW
Type of Well: (Check one)  Oil Well  Gas Well  OG  D&A  Cathodic    Water Supply Well  Other:  SWD Permit #:  SWD Permit #:  SWD Permit #:    ENHR Permit #:  Gas Storage Permit #:  Gas Storage Permit #:  No    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.	County: Well #: Uell #: Date Well Completed: (Date) by: (KCC District Agent's Name) Plugging Commenced: Plugging Completed: Plugging Pluggi
Deptil to top Bottom: I.D	

Show depth and thickness of all water, oil and gas formations.

Oil, Gas or Water Records		Casing Record (Surface, Conductor & Production)				
Formation	Content	Casing	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:		St	tate:	Zip:	+
Phone: ( )					
Name of Party Responsible for Plugging Fe	es:				
State of	County,		SS.		
	Print Name)		Employee of Operator or		
he shows for a short short shows and short shows The stable					

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

A	CONSOLIDAT	ED
	Oil Well Services,	LLC

TICKET	NUMBER	511	4

LOCATION EL DORAdo FOREMAN LUZZ

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

## FIELD TICKET & TREATMENT REPORT CEMENT

020-401-5210	000-401-0010			CLINICIA	•		and the second	Solution and the second se
DATE	CUSTOMER #	WELL	NAME & NUME	BER	SECTION	TOWNSHIP	RANGE	COUNTY
1.20-16	6611	Wayne	1.6		4	335	3E	Cowley
CUSTOMER				25. To 1				
QUN'. 1	0.140	ons LL	<u>C</u>		TRUCK #	DRIVER	TRUCK #	DRIVER
MAILING ADDRE	ESS				760	Chris		Saintensi'r meni
					713	Toroway		
CITY		STATE	ZIP CODE		628	FUTTY		
			the state of the state	untel .				
JOB TYPE	JWP	HOLE SIZE	512 rasin	HOLE DEPTH	3250'	CASING SIZE & W	EIGHT SILD	
CASING DEPTH		DRILL PIPE		TUBING			OTHER	
SLURRY WEIGH	T 12.8	SLURRY VOL		WATER gal/s	k	<b>CEMENT LEFT in</b>		
DISPLACEMEN	Г	DISPLACEMEN	T PSI	MIX PSI		RATE	Later of Second	
REMARKS: 5	after whe	etine o	N SAMS	wall a	service.	Ricup	nnd	
						o pos HF		90 cc
w/cotlonsed hulls @ Bron', Whit I's has Tascement @ 2987'								
Pull the do 770' Ann astablish circulation Mix 355RS								
60/40	bolyopos 400 al 39000 whatensed hulls.							
		9						

THANKS

Fuzzy 4 d Crew

ACCOUNT CODE	QUANITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
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660002	65	MILEAGE	715	464 25
(60711	Ston	Ton milense Delivery (min)	125	660°
	The Take of the second s		and the first the	
(05829	110 skg	60140pos 4905el	1600	176000
115325	700+	Colcium Chloride	100	30092
666080	100%	Cotton serd hulls	,50	5000
			-40 PSM	dio manel y Sul I.
		Subto	1al	513475
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			SALES TAX	
Ravin 3737	O Dett		ESTIMATED TOTAL	difference in the
AUTHODIZTION	Drim Vallagan	TITIE	DATE	

AUTHORIZTION

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.

SOLIDATED	TICKET NUMBER 511
lell Services, LLC	LOCATION 61 DOTA
	FOREMAN TUZTY
EIELD TICKET & TREATME	NT DEDODT

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

Oil W

## FIELD TICKET & TREATMENT REPORT CEMENT

DATE	CUSTOMER #	WEL	L NAME & NUM	BER	SECTION	TOWNSHIP	RANGE	COUNTY
1-21.16	6611	WAYN.	0 1-6		6	335	36	Coulyy
CUSTOMER	T PERSONAL DE			Ox Sord				
QUA.1	0:1+6	AS LL	6	5-60	TRUCK #	DRIVER	TRUCK #	DRIVER
MAILING ADDRE	ESS			1426	760	Chris.	- Main and the	a constant territ
	15			NIN	713	Jerenny		
CITY		STATE	ZIP CODE		628	オレンンチ	and the second second	
	a di sangi di s	e er Peelik	and granda	ion (				
JOB TYPE	JOB TYPE A WEIGHT HOLE SIZE SIZ HOLE DEPTH CASING SIZE & WEIGHT SIZE							2
CASING DEPTH		DRILL PIPE		TUBING	Problem and		OTHER	
SLURRY WEIGH	IT	SLURRY VOL_		WATER gal/sl	k	<b>CEMENT LEFT</b> in		
DISPLACEMENT	ſ	DISPLACEMEN		MIX PSI		RATE PAISS	@ 380	1
REMARKS: S	afety in	ieeting	ON SY	why L	sell Seec	ice. Rie	UDAN	D
establish circulation, min 120545 60/40 490500 29000								
w/ collowsked hulls from 380 to surshed fill casine and								
ANNUL	ANNOLUS.							

Thomas Fuzz 4 4 Ciew

ACCOUNT CODE	QUANITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
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(60711	Ston	Ton milingo Delivery (min)	125	66000
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665829	1205K5	60/40 pos 4000sel	1600	1920=
(C5325	200*	Calcium chloride	100	2000
«c 6070	50*	Cottons erd hulls	.50	2500
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Davia 0707		PER SAT STREAM STREAM	SALES TAX	
Ravin 3737	1 DAt	The state of the line of the line	ESTIMATED TOTAL	Emerica I Providente da Com
AUTHORIZTION_	Paron Fallo		DATE	

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