



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

KANSAS CORPORATION COMMISSION 1304610
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



CONSOLIDATED
Oil Well Services, LLC

TICKET NUMBER 39076

LOCATION Offaung

FOREMAN Alan Madala

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

FIELD TICKET & TREATMENT REPORT
CEMENT

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
1-2-13	1601	Hicks #11	NW 28	14	22	JO
CUSTOMER Bradley Oil			TRUCK #			
MAILING ADDRESS P.O. Box 21614			516	Alan Madala	Safety	Meot
CITY Oklahoma City			368	Alan Madala	AKM	
STATE OK			675	Keith Det	ED	
ZIP CODE 73156			548	Mikhaa	MH	
JOB TYPE plug	HOLE SIZE	HOLE DEPTH 842	CASING SIZE & WEIGHT 2 7/8			
CASING DEPTH	DRILL PIPE	TUBING 11'	OTHER			
SLURRY WEIGHT	SLURRY VOL	WATER gal/sk	CEMENT LEFT in CASING yes			
DISPLACEMENT	DISPLACEMENT PSI	MIX PSI	RATE 1 bpm			
REMARKS: Held meeting. Mixed & pumped 25.5k down 1" @ 840' to fill well casing to surface. Pulled 1" out & topped off well. Installed valve & injected 15 #55 50/50 cement plus 2% gel. Well pressured to closed valve.						

Alan Madala

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5405A	1	PUMP CHARGE	368	368.00
5406		MILEAGE	368	
5407	1/2 min	ton miles	548	175.00
5502C	1/2	80vac	675	135.00
1124	40	50/50 cement		438.00
118B	67 #	gel		14.07
			SALES TAX	34.02
			ESTIMATED TOTAL	1491.09

Joe Shyer

TITLE _____ DATE _____

Payment terms, unless specifically amended in writing on the front of the form or in the customer's office, and conditions of service on the back of this form are in effect for services identified on this form

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