



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

KANSAS CORPORATION COMMISSION 1305534
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

REMIT TO
Consolidated Oil Well Services, LLC
Dept:970
P.O.Box 4346
Houston, TX 77210-4346

MAIN OFFICE

P.O.Box884
Chanute, KS 66720
620/431-9210, 1-800/467-8676
Fax 620/431-0012

Invoice

Invoice#

807501

Invoice Date: 04/28/16

Terms: Net 30

Page 1

ALTAVISTA ENERGY INC

PO BOX 128
WELLSVILLE KS 66092
USA
7858834057

KNOCHE #9

Tax: 22.28

Total: 976.25



5704
5009

TICKET NUMBER 50061
 LOCATION Ottawa KS
 FOREMAN Fred Maden

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

FIELD TICKET & TREATMENT REPORT
CEMENT

Invoice # 801501

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
4-26-16	3244	Knoche #9	SW 16	18	24	MI
CUSTOMER			TRUCK #	DRIVER	TRUCK #	DRIVER
Alta Vista Energy			712	Fred Mad		
MAILING ADDRESS			368	Art McD		
P.O. Box 128			369	Mix Haa		
CITY	STATE	ZIP CODE	558	Kei Car		
Wellsville	KS	66092				

JOB TYPE Plug HOLE SIZE ? HOLE DEPTH _____ CASING SIZE & WEIGHT 2"
 CASING DEPTH 500' DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING Full.
 DISPLACEMENT N/A DISPLACEMENT PSI _____ MIX PSI _____ RATE 1 BPM

REMARKS: Hold safety meeting. Rig Run 1" tubing down outside 2" to 150'. Fill to surface w/ cement. Run 1" tubing inside 2" to 175'. Fill to surface w/ cement. Pull tubing. Washout tubing.

Fred Maden

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
CE0450	1	PUMP CHARGE	368	1500.00
CE0002	-	MILEAGE		N/C
CE0711	1/2 minimum	Ton Miles Delivery	558	330.00
WE0853	1 hr	80 BBL Vac Truck	369	100.00
		Sub Total		1930.00
		Less 65%		1254.50
				675.50
8374 CE5840	53 sks	Poz Blend IA Cement		715.50
CC5965	267 #	Bestonite Gel		80.10
		Sub Total		795.60
		Less 65%		517.14
				278.46
			6%	SALES TAX
				22.25
				ESTIMATED TOTAL
				976.25

Flavin 3737

AUTHORIZATION Byron Mills TITLE _____ DATE (27 89.25)

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.