



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

KANSAS CORPORATION COMMISSION 1306039
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.

(Print Name) Employee of Operator or Operator on above-described well,

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

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

FIELD TICKET & TREATMENT REPORT

CEMENT API* 15-015-24031-00-00 KS

TICKET NUMBER 51150

LOCATION EL Dorado

FOREMAN Fuzz 4

5282
Field Hct det
5188

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
2-4-16	9999	ENSZ #1	18	23	4	Butler
CUSTOMER Kansas Petroleum Resources			BIRTH			
MAILING ADDRESS 200 E 15 th Ste 307			210-3144			
CITY Wichita			640			
STATE KS			67202			
ZIP CODE			603			
			491			
			637			
			628			
			Fuzz 4			

JOB TYPE <u>AWP</u>	HOLE SIZE	HOLE DEPTH	CASING SIZE & WEIGHT <u>5 1/2</u>
CASING DEPTH	DRILL PIPE	TUBING	OTHER
SLURRY WEIGHT	SLURRY VOL	WATER gal/sk	CEMENT LEFT in CASING
DISPLACEMENT	DISPLACEMENT PSI	MIX PSI	RATE <u>CIBP @ 2414'</u>

REMARKS: Safety meeting on location. Rig up press test casing to 300' for 5 min. Pump 5 1/2 @ 270'. Tie on casing and mix 85 sks 60 lumps 490 gal and 2.4 5 1/2 and B side between 5 1/2 + 8918 to surface.

THANKS FUZZ 4 + C/O

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
660451	1	PUMP CHARGE	1900 ⁰⁰	1900 ⁰⁰
660002	15	MILEAGE	715	10725
660711	3.7 ton	Tow Mileage Delivery (min)	125	660 ⁰⁰
665829	772 85 sks	60 lumps	1475	175375
665969	300 ⁰⁰	Gal	.30	90 ⁰⁰
660853	5 hrs	80 \$52 1/2 hr	100 ⁰⁰	500 ⁰⁰
			sub total	4511 ⁰⁰
			50% less disc	2255 ⁵⁰
			sub total	2255 ⁵⁰
				2255 ⁵⁰
			SALES TAX	
			ESTIMATED	
			TOTAL	

AVIN 3737
AUTHORIZATION Pod Anson 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 form



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CUSTOMER			BIRTH			
KANSAS Petroleum Resources			N-150			
MAILING ADDRESS			2W-31W			
200 E 15 th Ste 307			640			
CITY		STATE	ZIP CODE	TRUCK #		
Wichita		KS	67202	603		
			DRIVER			
			Tracy			
			TRUCK #			
			401			
			DRIVER			
			Jeremy			
			TRUCK #			
			637			
			DRIVER			
			Jud			
			TRUCK #			
			628			
			DRIVER			
			Fuzz 4			

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CC5969	300 ⁰⁰	Gal	.30	90 ⁰⁰
W60853	5 hrs	80 \$52 1 hr	100 ⁰⁰	500 ⁰⁰
			sub total	4511 ⁰⁰
			50% less disc	2255 ⁵⁰
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