



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

KANSAS CORPORATION COMMISSION 1311603
 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



CONSOLIDATED
Oil Well Services, LLC

6091
Field Net doc
5997

807948

TICKET NUMBER 51304
LOCATION EL Dorado
FOREMAN Fuzzy

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
6-29-16	8136	#1-A Wilson	28	27	4E	KS Butler
CUSTOMER Tape Oil & Gas			TRUCK #	DRIVER	TRUCK #	DRIVER
MAILING ADDRESS P.O. Box 522			603	Tracey		
CITY Canton			681	Jeremy		
STATE KS			725	Fuzzy		
ZIP CODE 67428						

JOB TYPE Ausp HOLE SIZE _____ HOLE DEPTH _____ CASING SIZE & WEIGHT 5 1/2
CASING DEPTH _____ DRILL PIPE _____ TUBING _____ OTHER _____
SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING _____
DISPLACEMENT _____ DISPLACEMENT PSI _____ MIX PSI _____ RATE _____

REMARKS: Safety meeting on Cyclone well service. Rig up and establish circulation mix 30 g/s 60/40 490cc 490cc 1/2" poly flake with cottonseed hulls, WOC 1 1/2 hrs Tag cement @ 1771' pull tag out to 250' Fall 5" 2 csg with 50 g/s cement. Cement B-side thru 3/4 pipe 250' to surface with 70 g/s. Top of 5 1/2 casing with 10 g/s cement

Total 160 g/s 60/40 pos 490cc 290cc 1/2" poly w/ cottonseed hulls
Thanks Fuzzy & Crew

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
660451	1	PUMP CHARGE	1900 ⁰⁰	1900 ⁰⁰
660002	22	MILEAGE	715	15730
660711	7 ton	Ton Mileage Delivery (min)	660 ⁰⁰	660 ⁰⁰
665829	160 g/s	60/40 pos 490cc	16 ⁰⁰	2560 ⁰⁰
665325	300#	Calcium Chloride	1 ⁰⁰	300 ⁰⁰
666075	80#	Poly flake	2 ⁰⁰	160 ⁰⁰
666080	50#	Cottonseed hulls	.50	25 ⁰⁰
		subtotal		5762 ³⁰
		discount	45%	2593 ⁰³
		subtotal		3169 ²⁷
		SALES TAX		113.05
		ESTIMATED TOTAL		3282.32

RECEIVED JUL 01 2016

SCANNED **SCANNED**

Revin 3737

AUTHORIZATION [Signature] TITLE _____ DATE 6-28-16

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.