



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

KANSAS CORPORATION COMMISSION 1314591
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

TICKET NUMBER 51311

LOCATION GL Donado

API# 15-035-22859-00-00

FOREMAN Fuzz

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

FIELD TICKET & TREATMENT REPORT

CEMENT

KS

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
7.21.16	1091	Rice #4	19	33	8	Cowley
CUSTOMER OAS Oil Co.			TRUCK # DRIVER TRUCK # DRIVER			
MAILING ADDRESS 2508 Edgemont Suite #4			603	Tracy	725	Fuzz
CITY STATE ZIP CODE Arkansas City KS 67005			611	Jeremy		
			681	Jud		
			713	Mark		

JOB TYPE SWP HOLE SIZE _____ HOLE DEPTH _____ CASING SIZE & WEIGHT 5"2
 CASING DEPTH 2632' DRILL PIPE _____ TUBING 2318 OTHER _____
 SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING _____
 DISPLACEMENT _____ DISPLACEMENT PSI _____ MIX PSI _____ RATE _____

REMARKS: Safety meeting on Sams Well Service Rig up and establish circulation. Mix 130sks 60/40 490cc 490cc 114# poly flake w cottonseed hulls. Circulate from 500' to surface casing and B-side. Pull all 40g and top off casing with 28sks cement

Total 158sks 60/40 490cc 490cc 114# poly flake w/cottonseed hulls
 (weighed truck back)

Thanks Fuzz & Crew

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
CE0450	3 hrs	PUMP CHARGE	250 ⁰⁰	750 ⁰⁰
CE0002	65	MILEAGE	7.15	W/C
CE0710	6.8 Ton	Ton mileage Delivery	17.2	773 ³⁰
CC5829	158sks	60/40 490cc	16 ⁰⁰	2528 ⁰⁰
CC5325	550#	Calcium chloride	1 ⁰⁰	550 ⁰⁰
CC6075	150#	Poly flake	2 ⁰⁰	300 ⁰⁰
CC6080	150#	Cottonseed hulls	.50	75 ⁰⁰
		Subtotal		4976 ³⁰
		discount		2239 ⁴²
		Subtotal		2737 ⁰⁸
		SALES TAX		
		ESTIMATED		
		TOTAL		

Ravin 9737

AUTHORIZATION _____ 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.