



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

KANSAS CORPORATION COMMISSION 1314832
 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.

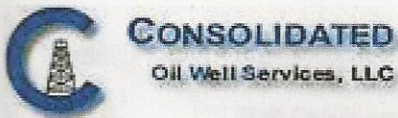
Oil, Gas or Water Records		Casing Record (Surface, Conductor & Production)			
Formation	Content	Casing	Size	Setting Depth	Pulled Out

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



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

MAIN OFFICE

P.O. Box 884
 Chanute, KS 66720
 620/431-9210, 1-800/467-8676
 Fax 620/431-0012

Invoice Invoice# 808370

Invoice Date: 08/22/16 Terms: Net 30 Page 1

EAGLE CREEK CORP.
 8100 E. 22nd St., N. Bldg. 1500-A
 WICHITA KS 67226-2315
 USA

KYSAR 1-31

Part No	Description	Quantity	Unit Price	Discount(%)	Total
CE0451	Cement Pump Charge 1501' - 3000'	1.000	1,900.0000	45.000	1,045.00
CE0002	Equipment Mileage Charge - Heavy Equipment	45.000	7.1500	45.000	176.96
CE0710	Cement Delivery Charge	1.000	778.8400	45.000	428.36
CC5829	Lite-Weight Blend V (60:40:4)	230.000	16.0000	45.000	2,024.00
CC6075	Celloflake	58.000	3.0000	45.000	95.70

Subtotal 6,854.59
 Discounted Amount 3,084.57
 SubTotal After Discount 3,770.02

Amount Due 7,182.18 If paid after 09/21/16

Tax: 180.17
 Total: 3,950.19

VALIDATED
Services, LLC

6472
6376

TICKET NUMBER 51539
LOCATION Oakley, KS
FOREMAN Jerry Y

Chanute, KS 66720
10 or 800-467-8676

FIELD TICKET & TREATMENT REPORT
Invoice # 808370 CEMENT

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
6-19-16	2776	Kysar 1-31	31	20	35W	Wichita
CUSTOMER			COUNTY			
Eagle Creek Corp			KS			
MAILING ADDRESS			TRUCK #	DRIVER	TRUCK #	DRIVER
8100 E. 22nd St., N. Bldg. 1500A			731	Cory D		
CITY			772 T129	Arden M		
Wichita			535			
STATE						
KS						
ZIP CODE						
67226-2315						

JOB TYPE plug HOLE SIZE 7 7/8 HOLE DEPTH 5053 CASING SIZE & WEIGHT _____
 CASING DEPTH _____ DRILL PIPE 4 1/2 TUBING _____ OTHER _____
 SLURRY WEIGHT 13.8 SLURRY VOL 1.42 WATER gal/sk _____ CEMENT LEFT in CASING _____
 DISPLACEMENT _____ DISPLACEMENT PSI _____ MIX PSI _____ RATE _____

REMARKS: Safety meeting & rig up on W110 plugs ordered with 230 sks
Lite blend V 144 flo seal
50 sks @ 2350'
80 sks @ 1120'
50 sks @ 350'
20 sks @ 60'
30 sks Rathok

Thank you
Jerry & crew

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
CE0451	1	PUMP CHARGE	1900 ⁰⁰	1900 ⁰⁰
CE0002	4.5	MILEAGE	715	321 ⁷⁵
CE0710	9.89	ton mileage delivery	175	778 ⁸⁹
CC5829	230 sks	Lite blend V	16 ⁰⁰	3680 ⁰⁰
CC6075	58 #	flo seal	3 ⁰⁰	174 ⁰⁰
			Subtotal	6854 ⁵⁹
			-458	3084 ⁵⁷
			Subtotal	3770 ⁰⁰
			SALES TAX	180.17
			ESTIMATED TOTAL	3950.19

Revin 3737

AUTHORIZATION Ria [Signature] 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.