



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

KANSAS CORPORATION COMMISSION 1315675  
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

API No. 15-059-23997-0001



**CONSOLIDATED**  
Oil Well Services, LLC

TICKET NUMBER 50297  
LOCATION Ottawa KS  
FOREMAN Fred Maden

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
8-24-16	1828	Salisbury # 9	NE 33	15	20	FR
CUSTOMER Colt Energy Inc			TRUCK #			
MAILING ADDRESS 1112 Rhode Island Rd			DRIVER			
CITY Iola	STATE KS	ZIP CODE 66749	TRUCK #		DRIVER	
			712		Fre Mad	
			495		Har Boc	
			548		Arl Mad	

JOB TYPE Plug HOLE SIZE        HOLE DEPTH        CASING SIZE & WEIGHT 2 7/8  
 CASING DEPTH 763 DRILL PIPE Perts@ TUBING 720-726 OTHER         
 SLURRY WEIGHT        SLURRY VOL        WATER gal/sk        CEMENT LEFT in CASING Full  
 DISPLACEMENT N/A DISPLACEMENT PSI        MIX PSI        RATE 1-1/2 BPM

REMARKS: Hold Safety man in. Rig run 1" tubing to 714' wash 1" tubing to TD. Fill to surface w/ cement. Pull 1" tubing. Top off well w/ cement. Wash out 1" tubing.

Note: Squeezed cement into well @ 300\* PSI. Show in @ 150\* PSI

Customer Supplied water.

*Fred Maden*

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
CE0450	1	PUMP CHARGE	495 1500 <sup>00</sup>	
CE0002	15 mi	MILEAGE	495 10725 <sup>00</sup>	
CE0211	1/2 minimum	Ten Miles Delivery	548 330 <sup>00</sup>	
		Sub Total	193725 <sup>00</sup>	
		less 60%	-116235 <sup>00</sup>	77490
CC5840	25 SKS	Por Blend IA Cement	33750 <sup>00</sup>	
CC5965	126 #	Bentonite Gel	3780 <sup>00</sup>	
		Sub Total	37530 <sup>00</sup>	
		less 60%	-22515 <sup>00</sup>	15015
			890	
		SALES TAX		12 <sup>01</sup>
		ESTIMATED TOTAL		93703

SCANNED

Ravin 3737

AUTHORIZATION Rick Rice

TITLE       

DATE (2342.5)

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.