



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

KANSAS CORPORATION COMMISSION 1319330
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.
 _____ 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

PO Box 884, Chanute, KS 66720
820-431-8210 or 800-487-8678

69384
68316

TICKET NUMBER 50328

LOCATION Ottawa, KS

FOREMAN Fred Maden

FIELD TICKET & TREATMENT REPORT
CEMENT

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
10-27-16	1564	Haines #4-87	NW 35	22	21	LN
CUSTOMER			TRUCK #	DRIVER	TRUCK #	DRIVER
36.5 Inc			495	Harber		
MAILING ADDRESS			369	Mik Haa		
3939 Ellis Rd			570	Costen		
CITY	STATE	ZIP CODE	712	Fred Mad		
Rantool	KS	66079				

JOB TYPE 3rd head plug HOLE SIZE HOLE DEPTH CASING SIZE & WEIGHT 2 3/8
 CASING DEPTH 650' DRILL PIPE TUBING OTHER
 SLURRY WEIGHT SLURRY VOL WATER gal/sk CEMENT LEFT in CASING Full
 DISPLACEMENT N/A DISPLACEMENT PSI MIX PSI RATE 2 BPM

REMARKS: Hold Safety meeting. Establish injection rate into well.
Mix + Pump 20 sks of An Blend IA Cement 6% Gel 5'
Cotton seed hulls. Squeeze into well @ 1000 PSI.
Shut in well casing.

Ballas Oil Services

Fred Maden

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
CE0450	1	PUMP CHARGE	495	1500 ⁰⁰
CE0002	-	MILEAGE		N/C
CE0711	1/2 Mbrdman	Ten Miles Delivery	510	110 ⁰⁰
WE0853	1 hr	80 BBL Vac Truck	369	100 ⁰⁰
		Sub Total		1710 ⁰⁰
		LESS 65%		1111 ⁵⁰
				598 ⁵⁰
CC0140	30 sks	An Blend IA Cement	405 ⁰⁰	
CC0365	157 #	Bentonite Gel	45 ³⁰	
CC0080	5 #	Cottonseed hulls.	2 ⁰⁰	
		Sub Total		452 ⁰⁰
		LESS 65%		294.32
				158 ⁴⁸
		6.5%	SALES TAX	10.30
			ESTIMATED TOTAL	767.28

Form 5757

AUTHORIZATION _____ TITLE _____ DATE (2016 11 23)

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.