



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

KANSAS CORPORATION COMMISSION 1321842
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



CONSOLIDATED
Oil Well Services, LLC

PO Box 884, Chanute, KS 66720
820-431-9210 or 800-467-8676

FIELD TICKET & TREATMENT REPORT
CEMENT

TICKET NUMBER 50315
LOCATION Ottawa KS
FOREMAN Fred Mader

Invoice #88884

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
10-25-16	7069	V Thomas 20 3	SW 30	14	22	JO
CUSTOMER 7069 Rotsch Oil Well						
MAILING ADDRESS P.O. Box 520						
CITY Ottawa		STATE KS	ZIP CODE 66067			
			TRUCK #	DRIVER	TRUCK #	DRIVER
			712	Fred Mader		
			495	Harold		
			675	Ken Dax		
			503	Mikhael		

JOB TYPE Plug Bullhead HOLE SIZE HOLE DEPTH CASING SIZE & WEIGHT 2 7/8
CASING DEPTH 950 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 B.P.M.

REMARKS: Hold Safety meeting. Establish injection rate data well. Mix & Pump 30 sks Per Blend IA Cement w/ 2% Gal + 5" Cottonseed hulls Squeeze into well @ 500* PSI. Pressure increase to 1200* PSI. Shut in well.

Fred Mader

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
CE0450	1	PUMP CHARGE Bull head Plug	495	1500.00
CE0002	25 mi	MILEAGE	495	12375.00
CE0711	1/2 Minimum	Ten Miles Delivery	503	330.00
WE0853	1/2 hr	80 BBL Vac Truck	675	502.50
Sub Total				20587.50
Less 68%				-13997.25
				6590.25
CC5940	30 sks	Per Blend IA Cement	405.00	12150.00
CC5965	50*	Bestonite Gal	15.00	750.00
CC6080	5"	Cottonseed hulls	25.00	125.00
Sub Total				4225.00
Less 68%				-2872.00
				1353.00
			7.725%	104.50
			SALES TAX	104.50
			ESTIMATED TOTAL	8044.50
				(2513.00)

Rev'n 3737

AUTHORIZATION [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.