



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

KANSAS CORPORATION COMMISSION 1322057
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

TICKET NUMBER 50334
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
11-10-16	4318	Sunshine #1	NW 8	9	20	JE
CUSTOMER Jackson & Johnson Oil LLC			TRUCK # DRIVER TRUCK # DRIVER			
MAILING ADDRESS 4010 Washington St. Ste 120			712 Fre Mad			
CITY STATE ZIP CODE Kansas City MO 64111			495 Har Bec			
			675 Kei Det			
			510 Mik Haa			

JOB TYPE Bullhead Plug HOLE SIZE 1400' HOLE DEPTH _____ CASING SIZE & WEIGHT 4 1/2"
CASING DEPTH 1400 DRILL PIPE Peits @ TUBING 1357-1365 OTHER _____
SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING Full
DISPLACEMENT N/A DISPLACEMENT PSI _____ MIX PSI _____ RATE 3 BPM

REMARKS: Hold Safety Meeting. Establish injection rate into well.
Mix & Pump 90 SKS Poz Blend IA Cement 6% Gel. Squeers
into well Pressure to 350# PSI. Shut in Well Casing.

Fred Maden

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
1E0450	1	PUMP CHARGE Plug to Abandon	495	1500 ⁰⁰
1E0002	50 mi	MILEAGE	495	3575 ⁰⁰
1E0711	1/2 minimum	100 miles Delivery	510	330 ⁰⁰
WE0853	2 hrs	80 BBL Vac Truck	675	200 ⁰⁰
		Sub Total		2387 ⁵⁰
		Less 53%		-1265 ²⁵
				1122 ²⁵
CC5840	90 SKS	Poz Blend IA Cement	1215 ⁰⁰	
CC5965	454 #	Bentonite Gel	136 ²⁰	
CC6080	5 #	Cotton Seed Hulls	2 ⁵⁰	
		Sub Total		1353 ⁷⁰
		Less 53%		-717 ⁴⁶
				636 ²⁴
			7.5%	SALES TAX
				47 ²³
			ESTIMATED TOTAL	\$1806 ⁰⁸
				(3849 ⁰⁰)

AUTHORIZATION *Sam Maden* TITLE _____ DATE _____
Ravin 3737

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.