



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

KANSAS CORPORATION COMMISSION 1325136
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

API # 15-035-20735-00-00

TICKET NUMBER 51939

LOCATION El Dondo

FOREMAN Fuzz4

PO Box 884, Chanute, KS 66720
620-431-9210 or 800-467-8676

FIELD TICKET & TREATMENT REPORT

CEMENT

125

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
12-6-16	1098	Finne Bossi #2	9	35	4	Cowley
CUSTOMER Anishkov & Musgrove			old 77 + 322			
MAILING ADDRESS P.O. Box 391			2 1/2 E North in			
CITY Ponca City	STATE OKLA	ZIP CODE 74602	TRUCK #	DRIVER	TRUCK #	DRIVER
			603	Tracey		
			713	Jud		
			725	Fuzz4		

JOB TYPE AWP HOLE SIZE _____ HOLE DEPTH _____ CASING SIZE & WEIGHT 5 1/2
 CASING DEPTH _____ DRILL PIPE _____ TUBING 2 3/8 OTHER _____
 SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING _____
 DISPLACEMENT _____ DISPLACEMENT PSI _____ MIX PSI _____ RATE _____

REMARKS: Safety meeting on Sam's Well Service. Dig up and establish circulation @ 250 mix and pump 110 sks 60/40 pos 4% gel 2% calcium chloride w/hulls. Had cement blow back due to gas & air. put 5 1/2 swage on and pumped 50 sks cement w/hulls to fill casing. may press 150# on chrt in.

Cement did circulate to surface between 5 1/2 + 8 1/8 and filled 5 1/2 casing.

Thanks Fuzz4 & crew

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
CE2001	3 hrs	PUMP CHARGE	250.00	750.00
160002	70	MILEAGE	7.15	N/A
CE710	6.9 down	Top Mileage Delivery	125	845.25
CE5829	160	60/40 pos 4% gel	16.00	2560.00
CE5325	250 #	Calcium chloride	1.25	312.50
CE6080	80 #	Cottonseed hulls	.50	40.00
		subtotal		4907.75
		discount		2028.48
		subtotal		2879.27
		SALES TAX ESTIMATED		
		TOTAL		

Revin 5737

AUTHORIZATION [Signature] TITLE prod supt

DATE 12-6-16

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.



AMERICAN CONCRETE

No. 341711

26963 US 77 Bypass • Arkansas City, KS

REMIT TO: P.O. Box 842

Winfield, KS 67156

(620) 442-8780



CAUTION

UNLOADING

May cause eye or skin injury. Contains Portland cement. Freshly mixed cement, mortar, concrete or grout may cause skin injury.

TAKE THESE PRECAUTIONS:

- Avoid all contact with eyes.
- Wear rubber boots and gloves, and avoid prolonged contact directly with skin or through porous materials.
- In case of contact with skin or eyes, FLUSH THOROUGHLY WITH WATER.
- If irritation persists, get medical attention promptly.
- Keep children away.

TERMS: All Claims and Returned Goods must be accompanied by this bill. A service charge of 1 3/4% per month on unpaid balance on all accounts not paid by 10th of month following delivery. (Interest Rate of 21% per annum.)

Drivers are prohibited from delivering concrete except under the truck's own power, and where site conditions permit the safe and proper operation of his equipment. Drivers are not permitted to add water to the mix to exceed the maximum slump. Drivers are not permitted to go beyond the curb line, except upon the authorization of the customer and his acceptance of risk for any loss or damage, the customer must provide and be responsible for safe and sure access to the site. On-site towing charges will be the customer's responsibility. This concrete contains correct water content for strength or mix indicated. We do not assume responsibility for strength test when water is added at customer's request. Unload promptly. **Demurrage will be charged after the first hour at the rate of \$65 per hour.** Water Added: _____ Gallons

MSDS Information Available Upon Request

Customer's representative _____

CUSTOMER ID		P.O. NUMBER		JOB NUMBER		TIME	DATE	TICKET		
GARY ANSTINE		441-8165		322 EAST 2.5 NORTH SIDE		02:33PM	12/07/16	341711		
SOLD TO				DELIVER TO			TRUCK NO.	PROJECT DESCRIPTION		
GARY ANSTINE				322 EAST 2.5 NORTH SIDE			85			
DRIVER				PAUL						
QUANTITY THIS LOAD	QUANTITY ORDERED	QUANTITY DELIVERED	PRODUCT CODE	PRODUCT DESCRIPTION	UNIT OF MEASURE	UNIT PRICE	EXTENDED PRICE			
2.50	2.50	2.50	SLURRY OIL	23 SACK SLURRY OIL	ea	240.00	600.00			
1.00	1.00	1.00	DELIVERY	DELIVERY	ea	20.00	20.00			
1.00	1.00	1.00	SHORT CYD	SHORT LOAD CHARGE	ea	100.00	100.00			
TRUCK	CYLIND TAKEN	SLUMP	DUE AT JOB	USE OF CONCRETE	SUB TOTAL				720.00	
85	<input type="checkbox"/> YES <input type="checkbox"/> NO	4.00	03:02PM		TAX				48.60	
LOADING TIME								TOTAL		768.60
ARRIVE JOB		START UNLOADING		FINISH UNLOADING		LEAVE JOB				
:		:		:		:				

C.O.D. CHARGE

DELIVERY INSTRUCTIONS

SPECIAL INSTRUCTIONS

CHK. # _____