

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

KANSAS CORPORATION COMMISSION 1325335
 OIL & GAS CONSERVATION DIVISION
WELL PLUGGING RECORD
 K.A.R. 82-3-117

Form CP-4
 March 2009
Type or Print on this Form
Form must be Signed
All blanks must be Filled

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, L.L.C.

TICKET NUMBER 50367

LOCATION Ottawa, KS

FOREMAN Carey Kennedy

PO Box 684, Chanute, KS 66720
620-431-9210 or 800-467-8676

FIELD TICKET & TREATMENT REPORT
CEMENT

15-207-02394

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
1/27/17	1808	Look # 5	23	26	14	WO

CUSTOMER
Cott Energy Inc.

MAILING ADDRESS
1112 Rhode Island Rd

CITY lola STATE KS ZIP CODE 660749

TRUCK #	DRIVER	TRUCK #	DRIVER
729	Gas Ken	✓ Safety	✓ Maching
368	Art McD	✓	
510	Mikhaa	✓	

JOB TYPE plug HOLE SIZE _____ HOLE DEPTH _____ CASING SIZE & WEIGHT 4 1/2"

CASING DEPTH _____ DRILL PIPE _____ TUBING _____ OTHER _____

SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING full

DISPLACEMENT _____ DISPLACEMENT PSI _____ MIX PSI _____ RATE 2 bpm

REMARKS: held safety machine, established rate through 1" tubing in annulus, washed tubing down to 217', mixed & pumped 81 sks Pozblend 1A cement w/ 6% gel per sk, cement to surface, pulled tubing out of annulus and ran into 4 1/2" casing to 83', mixed & pumped 10 sks cement, cement to surface, pulled tubing from well, washed up tubing & equipment.

[Handwritten signature]

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
CE0450	1	PUMP CHARGE	[REDACTED]	[REDACTED]
CE0002	on lease	MILEAGE	[REDACTED]	[REDACTED]
CE0711	1/2 min	ton mileage	[REDACTED]	[REDACTED]
		trucks	[REDACTED]	[REDACTED]
		- 48 %	[REDACTED]	[REDACTED]
		subtotal	[REDACTED]	[REDACTED]
CC5840	91 sks	Pozblend cement 1A	[REDACTED]	[REDACTED]
CC5965	459 #	Gel	[REDACTED]	[REDACTED]
		materials	[REDACTED]	[REDACTED]
		- 48 %	[REDACTED]	[REDACTED]
		subtotal	[REDACTED]	[REDACTED]
		7.5%	SALES TAX	[REDACTED]
			ESTIMATED TOTAL	[REDACTED]

Ravin 3737

AUTHORIZATION rick rice 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.

W & W Production Company

1150 Highway 39
Chanute, Kansas 66720-5215
Mobile: 620-431-5970
Phone: Office/Home 620-431-4137

Invoice

DATE	INVOICE NO.
1/28/2017	48159

BILL TO
Colt Energy C/O Rex Ashlock PO Box 388 1112 Rhode Island Rd. Iola, Kansas 66749

Loak 5 Woodson County, Kansas
<i>APT #15-207-02394</i>

SERVICED	ITEM	DESCRIPTION	QTY	RATE	AMOUNT
12/22/2016	Pump Truck Cement	Pump Charge For plugging Ran pipe to T.D. Pump 5 sacks gel & Pump 40 sacks Portland Cement. Pull to 900' Pump 10 sacks Portland Cement. Pulled up to 250' & Pumped 138 sacks Portland Cement to top.	1 188	500.00 10.00	500.00 1,881.00
				Sales Tax (7.5%)	141.08
				Total	651.08

Fax #	Fed. I.D. 48-0843238
620-431-3183	carolwimsett4@yahoo.com