

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

KANSAS CORPORATION COMMISSION 1348599
 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, LLC

7434 / 7373

TICKET NUMBER 50368
LOCATION Ottawa, KS
FOREMAN Casey Kennedy

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

FIELD TICKET & TREATMENT REPORT
CEMENT

INVOICE # 809483

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
1/31/17	2890	C. Mayske #A-4	SE 9	29	14	WL
CUSTOMER						
Domestic Energy Partners						
MAILING ADDRESS						
PO Box 296						
CITY		STATE	ZIP CODE			
Fredonia		KS	66736			
TRUCK # DRIVER TRUCK # DRIVER						
729 Casken ✓ Safety Meeting						
467 Kei Car ✓						
804 Ar/McD						

JOB TYPE plug HOLE SIZE _____ HOLE DEPTH _____ CASING SIZE & WEIGHT 4 1/2" x 10.5#
 CASING DEPTH 1269' DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT IN CASING 500'
 DISPLACEMENT _____ DISPLACEMENT PSI _____ MIX PSI _____ RATE 4 bpm

REMARKS: held safety meeting, established circulation through 2 3/8" tubing at casing TD, mixed & pumped 250# Gel, mixed & pumped 10 sks Pozblend II A cement w/ 6% gelper sk, displaced cement to casing TD, pulled tubing to 600', mixed & pumped 10 sks cement, displaced cement to 600', pulled tubing to 350', mixed & pumped 25 sks cement, cement to surface, pulled tubing from well, topped well off w/ 5 sks cement, washed up tubing & equipment.

Customer supplied H₂O

[Handwritten signature]

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
CE0450	1	PUMP CHARGE	1500.00	✓
CE0002	6.5 mi	MILEAGE	464.75	✓
CE0711	1 mi	ton mileage	660.00	✓
		trucks	2624.75	
		-42%	1102.40	
		Subtotal		1522.35
1199 CC5842	50 sks	Pozblend II A cement	737.50	✓
CC5965	508 #	Gel	152.40	✓
		materials	889.90	
		-42%	373.76	
		Subtotal		576.14
		6.5%		
		SALES TAX		33.55
		ESTIMATED TOTAL		2072.04

RAVIN 3737 AUTHORIZATION *[Signature]* TITLE _____ DATE 1/31/17 (2/2/17)

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.