

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

KANSAS CORPORATION COMMISSION 1349123
 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

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

TICKET NUMBER 52089
LOCATION Chando
FOREMAN Tuzzy

FIELD TICKET & TREATMENT REPORT
CEMENT

KS

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
3-20-17	8511	Wilson 228	8	25	8	Butler
CUSTOMER			TRUCK #			
Vess Oil Corp			446	Driver	866	Driver
MAILING ADDRESS			692	Mark		
1700 waterfront hds 500			611	Mark		
CITY		STATE	ZIP CODE	713	Jud	
Wichita		KS	67306			

JOB TYPE AWP HOLE SIZE _____ HOLE DEPTH _____ CASING SIZE & WEIGHT 7"
 CASING DEPTH _____ DRILL PIPE _____ TUBING 2 3/8 OTHER 7" / 10 3/4"
 SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING _____
 DISPLACEMENT _____ DISPLACEMENT PSI _____ MIX PSI _____ RATE _____

REMARKS: Safety meeting on Simmons well service. Rig up and
establish circulation and clean oil out of casing with 28 5 lbs.
Mix socks class 'A' 370 cc w/ cottonseed hulls @ 668'
wait 1 1/2 hrs. Tag cement @ 347'. Pump @ 200' fill 7" and circulate
7" + 10 3/4 to surface w/ 95 sks 60/40 pos 40 gal 270 cc.

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
CE0450	1	PUMP CHARGE	1500 ⁰⁰	1500 ⁰⁰
CE0002	5	MILEAGE	7 ¹⁵	N/C
CE0711	6.4 Ton	Ton mileage Delivery (min)	660 ⁰⁰	660 ⁰⁰
WE0853	3 hrs	80 BAC Vac Truck	100 ⁰⁰	300 ⁰⁰
W6159	3000	City water	.02	60 ⁰⁰
CL5800A	50 sks	Class 'A'	20 ⁰⁰	1000 ⁰⁰
CC5829	95 sks	60/40 pos 40 gal	16 ⁰⁰	1520 ⁰⁰
CC5325	300 #	Calcium chloride	1.25	375 ⁰⁰
CC6090	40 #	Cottonseed hulls	.50	20 ⁰⁰
		Subtotal		5135 ⁰⁰
		discount		2310 ⁷⁵
		Subtotal		2824 ²⁵
		SALES TAX		
		ESTIMATED TOTAL		

Ravin 3737

AUTHORIZATION Bruce Coats TITLE _____ DATE 3-20-17

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.