

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

KANSAS CORPORATION COMMISSION 1349277
 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

TICKET NUMBER 52093
LOCATION El Dorado
FOREMAN Furry

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
3-21-17	8511	Hamilton #30	14	26	4	Butler
CUSTOMER Vess Oil Corporation			TRUCK # DRIVER TRUCK # DRIVER			
MAILING ADDRESS 1700 Waterfront Bldg 500			446	Jeremy M	966	Furry
CITY STATE ZIP CODE Wichita KS 67206			692	Chuck		
			611	Ted		
			713	Ted		

JOB TYPE AWP HOLE SIZE _____ HOLE DEPTH _____ CASING SIZE & WEIGHT 4 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 Simmons well service Rig up and pump
oil of hole and establish circulation. Mix 50sks Class 'A'
290 cc w/ cottonseed hulls @ 2400'. Wait on cement 1 1/2 hrs
Tap cement @ 1557'. Pump 25sks cement down. Tap @ 240'
pull the top off 4 1/2 with 10sks 60/40 49 gal of 290 cc
50sks 'A' 290 cc
35sks 60/40 49 gal 290 cc
Thanks Furry & Crew

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
CE0451	1	PUMP CHARGE	1900 ⁰⁰	1900 ⁰⁰
CE0002	10	MILEAGE	7 ¹⁹	N/C
CE0711	3.9 ton	Ten Mileage Delivery (min)	660 ⁰⁰	660 ⁰⁰
WC0253	3 hrs	90 BRK Vac Truck	100 ⁰⁰	300 ⁰⁰
WC4159	3000 gal	City Water	.02	60 ⁰⁰
CC5800A	50sks	Class 'A'	20 ⁰⁰	1000 ⁰⁰
CC5829	35sks	60/40 pos 49 gal	16 ⁰⁰	560 ⁰⁰
CC5325	200 #	Calcium Chloride	1.25	250 ⁰⁰
CC6090	40 #	Cottonseed Hulls	.40	20 ⁰⁰
		Subtotal		4750 ⁰⁰
		discount		2137 ⁵⁰
		Subtotal		2612 ⁵⁰
		SALES TAX		
		ESTIMATED TOTAL		

Ravin 3737

AUTHORIZATION Busey Conto TITLE _____ DATE 3-21-17

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.