

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

KANSAS CORPORATION COMMISSION 1349837
 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

REMIT TO
Consolidated Oil Well Services, LLC
Dept:970
P.O.Box 4346
Houston, TX 77210-4346

MAIN OFFICE

P.O.Box884
Chanute, KS 66720
620/431-9210, 1-800/467-8676
Fax 620/431-0012

Invoice

Invoice#

809908

Invoice Date: 03/28/17

Terms: Net 30

Page 1

VESS OIL CORPORATION

1700 WATER FRONT PKWAY BLD 500
WICHITA KS 67206
USA
3166821537

WILSON A 422

Part No	Description	Quantity	Unit Price	Discount(%)	Total
CE2001	Additional Hours, Per Cement Pump/Hour	3.000	250.0000	45.000	412.50
CE0002	Equipment Mileage Charge - Heavy Equipment	5.000	7.1500	100.000	0.00
CE0711	Minimum Cement Delivery Charge	1.000	660.0000	45.000	363.00
CC5829	Lite-Weight Blend V (60:40:4)	90.000	16.0000	45.000	792.00
CC5325	Calcium Chloride	150.000	1.2500	45.000	103.12
CC6080	Cottonseed Hulls	40.000	0.5000	45.000	11.00
WE0851	80 BBL Vacuum Truck > 2 Hours	3.000	100.0000	45.000	165.00

Subtotal 3,393.25

Discounted Amount 1,546.63

SubTotal After Discount 1,846.62

Amount Due 3,504.46 If paid after 04/27/17

Tax: 61.17

Total: 1,907.79

CONSOLIDATED
Oil Well Services, LLC

7853
Field Ticket Doc
7750

TICKET NUMBER 51988
LOCATION El Dorado
FOREMAN Jeremy

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

FIELD TICKET & TREATMENT REPORT
CEMENT

Invoice # 1809908

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
3-24-17	8511	Wilson # 422	8	25S	05E	
CUSTOMER Vess Oil						
MAILING ADDRESS 1700 Waterfront Parkway Bld. 500						
CITY Wichita		STATE KS	ZIP CODE 67206			

TRUCK #	DRIVER	TRUCK #	DRIVER
760	Chris		
775	Ryan		
866	Jeremy		
692	Chris		

JOB TYPE Plug HOLE SIZE _____ HOLE DEPTH _____ CASING SIZE & WEIGHT 5 1/2
 CASING DEPTH _____ DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT 13.5 SLURRY VOL _____ WATER gal/sk 6 CEMENT LEFT in CASING _____
 DISPLACEMENT _____ DISPLACEMENT PSI _____ MIX PSI _____ RATE _____

REMARKS: Softest mudstone on location hooked up to 2 3/4 tubing pumped 87 SKS of 60/40 4% Cel 270 CC pumped till we got cement to surface vent hooked pulled tubing then topped off 5 1/2 with 3 more SKS put on sweater and valve pressured up to 300 psi held 10 then shut in

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
CE2001	3	PUMP CHARGE	250.00	750.00
CE0002	5	MILEAGE	7.15	NIC
CE0411	1	min Bulk delivery	650.00	650.00
CC5829	1192390	60/40 4%	16.00	1440.00
CC5325	150	Cal Chloride	1.25	187.50
CC6080	40	Cotton seed	.50	20.00
WC0857	3 HRS	80 JAC	100.00	300.00
SCANNED				
			Subtotal	3357.50
			(450)	1510.88
			total	1846.62
			SALES TAX	61.17
			ESTIMATED TOTAL	1907.79

Revin 3737

AUTHORIZATION Cassey Co. to 15 TITLE _____ DATE 3-28-17

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.