

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

KANSAS CORPORATION COMMISSION 1362622
 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



8664
8579

TICKET NUMBER 53584
LOCATION Oakley, KS
FOREMAN Miles Shaw

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

WELDED TICKET & TREATMENT REPORT
CEMENT Invoice # 810852 1/15

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY	
7-25-14	7396	Bertrand trust 1-13	13	135	38W	Wallace	
CUSTOMER Stelbar Oil Corp		Wrote to Wreston/ New separate not possible 1/4W Minto					
MAILING ADDRESS 1625 N. WATERFRONT PKWY, Ste. 200							
CITY Wichita	STATE KS						ZIP CODE 67206-6602
TRUCK #							DRIVER
		753	Tammy W				
		5307-129	Steven D				
		703					

JOB TYPE PTA HOLE SIZE 7 7/8" HOLE DEPTH 4666' CASING SIZE & WEIGHT _____
 CASING DEPTH _____ DRILL PIPE 4.5" TUBING _____ OTHER _____
 SLURRY WEIGHT 13.8 SLURRY VOL 1.4 WATER gal/sk _____ CEMENT LEFT in CASING _____
 DISPLACEMENT _____ DISPLACEMENT PSI _____ MIX PSI _____ RATE _____

REMARKS: Safety meeting and resurvey Sterling drilling Rig #5 Plus as ordered
1st plug 50 sxc @ 2375'
2nd plug 100 sxc @ 1420'
3rd plug 50 sxc @ 360'
4th plug 10 sxc @ 40' w plug
RH 30 sxc MH 15 sxc
255 sxc 60/40 48 1/4 #10 sxc

Thanks Miles & Crew

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
CE0451	1	PUMP CHARGE	1900. ⁰⁰	1900. ⁰⁰
CE0002	35	MILEAGE	7.15	250.25
CE0710	11.09 Ton	Ton Mileage delivery	1.75	679.26
CC5829	255 sxc	Lite Weight Blend II	16. ⁰⁰	4080. ⁰⁰
CC6075	64 #	Cello Halc / fiscal	3. ⁰⁰	192. ⁰⁰
CP8228	1	8 5/8" Wooden Plug	165. ⁰⁰	165. ⁰⁰
			Subtotal	7266.51
			less 30% discount	2179.95
			Subtotal	5086.56
			SALES TAX	201.88
			ESTIMATED TOTAL	5288.44

Ravin 3737

AUTHORIZATION Alan Lofke 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 rendered on this form.