

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

KANSAS CORPORATION COMMISSION  
OIL & GAS CONSERVATION DIVISION

1369855

Form CP-4

March 2009

Type or Print on this Form

Form must be Signed

All blanks must be Filled

WELL PLUGGING RECORD

K.A.R. 82-3-117

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.

\_\_\_\_\_  
(Print Name) ☐ Employee of Operator or ☐ Operator on above-described well,

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. Box 884  
Chanute, KS 66720  
620/431-9210 • 1-800/467-8676  
FAX 620/431-0012

INVOICE

Invoice # 238726

Invoice Date: 12/17/2010 Terms:

Page 1

CROSS BAR ENERGY LLC  
100 S. MAIN, SUITE 400  
WICHITA KS 67202  
(316) 239-6151

BURKETT C-22  
30065  
12-16-10

Part Number	Description	Qty	Unit Price	Total
1131	60/40 POZ MIX	115.00	11.3500	1305.25
1118B	PREMIUM GEL / BENTONITE	400.00	.2000	80.00
1118B	PREMIUM GEL / BENTONITE	300.00	.2000	60.00

Description	Hours	Unit Price	Total
441 MIN. BULK DELIVERY	1.00	315.00	315.00
485 P & A OLD WELL	1.00	430.00	430.00
485 EQUIPMENT MILEAGE (ONE WAY)	.00	3.65	.00

Parts:	1445.25	Freight:	.00	Tax:	105.50	AR	2295.75
Labor:	.00	Misc:	.00	Total:	2295.75		
Sublt:	.00	Supplies:	.00	Change:	.00		

Signed \_\_\_\_\_ Date \_\_\_\_\_

BARTLESVILLE, OK  
918/338-0808

ELDORADO, KS  
316/322-7022

EUREKA, KS  
620/583-7664

GILLETTE, WY  
307/686-4914

OAKLEY, KS  
785/672-2227

OTTAWA, KS  
785/242-4044

THAYER, KS  
620/839-5269

WORLAND, WY  
307/347-4577





**CONSOLIDATED**  
Oil Well Services, LLC



**ENTERED**

TICKET NUMBER 30065

LOCATION Eureka

FOREMAN Steve Mead

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																
12-16-10	2598	Burkett C-22				Greenwood																
CUSTOMER CrossBar Energy LLC			Saffy meeting SF J.P. <table border="1"> <tr> <th>TRUCK #</th> <th>DRIVER</th> <th>TRUCK #</th> <th>DRIVER</th> </tr> <tr> <td>485</td> <td>Shomen</td> <td></td> <td></td> </tr> <tr> <td>441</td> <td>J.P.</td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> </tr> </table>				TRUCK #	DRIVER	TRUCK #	DRIVER	485	Shomen			441	J.P.						
TRUCK #	DRIVER	TRUCK #					DRIVER															
485	Shomen																					
441	J.P.																					
MAILING ADDRESS 100 S. Main Suite 400																						
CITY Litchita	STATE KS	ZIP CODE 67202																				

JOB TYPE <u>PTA 0</u>	HOLE SIZE	HOLE DEPTH	CASING SIZE & WEIGHT
CASING DEPTH	DRILL PIPE	TUBING	OTHER
SLURRY WEIGHT	SLURRY VOL	WATER gal/sk	CEMENT LEFT In CASING
DISPLACEMENT	DISPLACEMENT PSI	MIX PSI	RATE

REMARKS: Saffy Meeting. Rig up to 2 3/8 Tubing. Break Circulation with 11 bbls Freshwater. Pump 200# Gel spacer, 25 sks cement plug AT 1876'. Pull out Tubing to 900'. Break Circulation. Mix 100# Gel Flush. Mix 23 sks cement plug. Pull Tubing up to 150'. Break Circulation. Mix 65 sks cement. 150' to surface. Pull out Tubing. Top well off.  
Job complete Rig down

*Thank You*

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5405A	1	PUMP CHARGE	430.00	430.00
5406		MILEAGE <i>M/C</i>	-	-
1131	115 sks	60/40 Pozmix Cement	11.35	1305.25
1118B	400 #	Gel 4%	.20	80.00
1118B	1300 #	Gel Flush	.30	60.00
5407		Ten Mileage Bulk Truck	M/C	315.00
			Sub Total	2190.25
			SALES TAX	105.50
			ESTIMATED TOTAL	2295.75

Ravin 3737

AUTHORIZATION

*Stewart M. Woods*

TITLE *C.O. Rep*

DATE 12-16-10

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.