

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
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

ENTERED

TICKET NUMBER 18997
LOCATION El Dorado #80
FOREMAN Harry Stearn

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
10-9-08	7665	Brooks #				Marion
CUSTOMER <u>Shawman Oil & Gas</u>						
MAILING ADDRESS <u>P.O. Box 9</u>						
CITY <u>Marion</u>		STATE <u>Ks</u>	ZIP CODE <u>66861</u>			

TRUCK #	DRIVER	TRUCK #	DRIVER
446	Jacob		
491	Bobby		

JOB TYPE Tools HOLE SIZE 7/8 HOLE DEPTH 2396 CASING SIZE & WEIGHT 4 1/2
 CASING DEPTH 2396 DRILL PIPE _____ TUBING 2 3/8 OTHER Ref 2340 to 245
 SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING _____
 DISPLACEMENT 5.37 DISPLACEMENT PSI 400 MIX PSI 150 RATE 3 bbls

REMARKS: Shut in Mixture - Roped up to Run Tools - Run to 2308 ft. Set 1/2
RBP at 2305 ft. Tension on 1600 lbs. - Tested Casing at 500 lbs. -
Leaked hole between 338 to 511 ft. - Filled tools - Full hole down
4 1/2 Cas - Mixed 144 sks Class A + 3% CACN - Replaced 3 bbls -
Circulated Cement to Surface!

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE	925.00	925.00
5406	2.6	MILEAGE	3.65	9.49
11045	144	sks Class A	13.50	1944.00
1102	320	lbs CACN-2	.75	240.00
2101A	200	lbs 20/40 Sand	.23	46.00
307	1	Bulk Delivery	315.00	315.00
4481	1	4 1/2 32 ft Parker Rental	874.00	874.00
4479	1	4 1/2 AS RBP Rental	858.00	858.00
4477	1	4 1/2 x 2 3/8 Shagbush Rental	273.00	273.00
		<u>Subtotal</u>		<u>5569.90</u>
		SALES TAX		<u>213.90</u>
		ESTIMATED TOTAL		<u>5783.80</u>

Flavin 3737

226487

AUTHORIZATION _____

TITLE _____

DATE _____



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 # 226487
 =====
 Invoice Date: 10/14/2008 Terms: Page 1

SHAWMAR OIL & GAS BROOKS #1
 P.O. BOX 9 18997
 MARION KS 66861 10-09-08
 (620)382-2932

Part Number	Description	Qty	Unit Price	Total
1104S	CLASS "A" CEMENT (SALE)	144.00	13.5000	1944.00
1102	CALCIUM CHLORIDE (50#)	320.00	.7500	240.00
2101A	20-40 BRADY SAND	200.00	.2300	46.00
4481	4 1/2" 32A PACKER RENTAL	1.00	874.0000	874.00
4479	4 1/2" TS RBP RENTAL	1.00	858.0000	858.00
4477	4 1/2" STRIPPER HEAD REN	1.00	273.0000	273.00

Description	Hours	Unit Price	Total
446 CEMENT PUMP	1.00	925.00	925.00
446 EQUIPMENT MILEAGE (ONE WAY)	26.00	3.65	94.90
491 MIN. BULK DELIVERY	1.00	315.00	315.00

74289
00047

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 Parts: 4235.00 Freight: .00 Tax: 263.90 AR 5833.80
 Labor: .00 Misc: .00 Total: 5833.80
 Sublt: .00 Supplies: .00 Change: .00
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Signed _____ Date _____

X