

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
AN INFINITY COMPANY

211 W. 14TH STREET, CHANUTE, KS 66720
620-431-9210 OR 800-467-8676

TICKET NUMBER **16067**

LOCATION Ottawa

FIELD TICKET

DATE	CUSTOMER ACCT #	WELL NAME	QTR/QTR	SECTION	TWP	RGE	COUNTY	FORMATION
4-15-02	7823	Baldwin unit CWL		1	15	20	Dg	
CHARGE TO				OWNER				
TOW n Oil				KCL				
MAILING ADDRESS				OPERATOR				
16205 W 287th				Frank Guilfoyle				
CITY & STATE				CONTRACTOR				
Paola KS 66071				Company Tools				

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION OF SERVICES OR PRODUCT	UNIT PRICE	TOTAL AMOUNT
5405 A	1	PUMP CHARGE plug one well		445 ⁰⁰
1118	2 SX	premium gel	1180	2360
1105	1 SX	cottonseed hulls	1295	1295
5609	1 hr	pump truck wash time		120 ⁰⁰
5407	1/2 of minimum	BLENDING & HANDLING TON-MILES 2nd of 2 wells STAND BY TIME MILEAGE WATER TRANSPORTS VACUUM TRUCKS customer supplied FRAC SAND		95 ⁰⁰
1124	9.5 SX	CEMENT 50/150 PDZ Tax	745 6.4%	707 ²⁵ 47 ⁶⁴
ESTIMATED TOTAL				1451 ⁹⁴

SIGNATURE

CIS FOREMAN

Alan Maden

DATE

4-15-02

178003

CONSOLIDATED INDUSTRIAL SERVICES, INC.
 211 W. 14TH STREET, CHANUTE, KS 66720
 316-431-9210 OR 800-467-8676

TICKET NUMBER **14460**

LOCATION Ottawa

FOREMAN Alan Mader

TREATMENT REPORT

DATE	CUSTOMER ACCT #	WELL NAME	QTR/QTR	SECTION	TWP	RGE	COUNTY	FORMATION
4-15-02	7823	Baldwin Unit CW 6		1	15	20	Dg	
CHARGE TO <u>Town Oil</u>				OWNER				
MAILING ADDRESS <u>11205 W 287</u>				OPERATOR <u>Frank Conliffe</u>				
CITY <u>Paola</u>				CONTRACTOR				
STATE <u>KS</u>		ZIP CODE <u>66071</u>			DISTANCE TO LOCATION <u>20</u>			
TIME ARRIVED ON LOCATION				TIME LEFT LOCATION				

WELL DATA

HOLE SIZE	
TOTAL DEPTH	
CASING SIZE	<u>2 7/8</u>
CASING DEPTH	<u>875</u>
CASING WEIGHT	
CASING CONDITION	
TUBING SIZE	
TUBING DEPTH	
TUBING WEIGHT	
TUBING CONDITION	
PACKER DEPTH	
PERFORATIONS	
SHOTS/FT	
OPEN HOLE	
TREATMENT VIA	

TYPE OF TREATMENT

<input type="checkbox"/> SURFACE PIPE	<input type="checkbox"/> ACID BREAKDOWN
<input type="checkbox"/> PRODUCTION CASING	<input type="checkbox"/> ACID STIMULATION
<input type="checkbox"/> SQUEEZE CEMENT	<input type="checkbox"/> ACID SPOTTING
<input checked="" type="checkbox"/> PLUG & ABANDON	<input type="checkbox"/> FRAC
<input type="checkbox"/> PLUG BACK	<input type="checkbox"/> FRAC + NITROGEN
<input type="checkbox"/> MISC PUMP	<input type="checkbox"/> FOAM FRAC
<input type="checkbox"/> OTHER	<input type="checkbox"/> NITROGEN

PRESSURE LIMITATIONS

	THEORETICAL	INSTRUCTED
SURFACE PIPE		
ANNULUS LONG STRING		
TUBING		

INSTRUCTIONS PRIOR TO JOB

396 Alan Mader
164 Bill Zable 195 Matt Mader

JOB SUMMARY

DESCRIPTION OF JOB EVENTS Run 1" down to 875' Mixed + pumped 25 ex 50/150 pap 2% gel. Filled casing to surface. Topped off with 5 ex. Put valve on well and injected 65 ex of cement + cotton seed hulls into well. Cleaned valve with water

PRESSURE SUMMARY

BREAKDOWN or CIRCULATING	psi
DISPLACEMENT	psi
	psi
	psi
	psi
	psi
	psi
	psi
	psi

TREATMENT RATE

BREAKDOWN BPM
INITIAL BPM
FINAL BPM
MINIMUM BPM
MAXIMUM BPM
AVERAGE BPM
HYD HHP = RATE X PRESSURE X 40.8

TITLE

DATE

ON THE REVERSE SIDE ARE INCORPORATED AS PART OF THIS SALE.