KOLAR Document ID: 1490198

**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 #:  |                              |                              | ,          | API No.              | 15                         |   |  |
|---|------------------------------|------------------------------|------------|----------------------|----------------------------|---|--|
| Name:   |                              |                              |            | Spot De              | scription:                 |   |  |
| Address 1:  |                              |                              | .          |                      | Sec Tw                     | p S. R East West                            |  |
| Address 2:  |                              |                              |            |                      | Feet from                  |   |  |
| City:   | State:                       | Zip: +                       | .          |                      | Feet from                  | East / West Line of Section                 |  |
| Contact Person:   |                              |                              |            | Footage              | s Calculated from Neares   | st Outside Section Corner:                  |  |
| Phone: ( )  |                              |                              |            |                      | NE NW                      | SE SW                                       |  |
| Type of Well: (Check one)                                   |                              | OG D&A Cathodi SWD Permit #: |            | ,                    |                            | <br>  |  |
| ENHR Permit #: Gas Storage Permit #:                        |                              |                              |            | Date Well Completed: |                            |   |  |
| Is ACO-1 filed? Yes   | No If not, is well           | log attached? Yes            |            |                      |                            | ved on: (Date)                              |  |
| Producing Formation(s): List A                              | ll (If needed attach another | sheet)                       |            |                      |                            | (KCC <b>District</b> Agent's Name)          |  |
| Depth to  | Top: Botto                   | m: T.D                       |            | Plugging             | a Commenced:               |   |  |
| Depth to  | Top: Botto                   | m: T.D                       |            | 00 0                 |                            |   |  |
| Depth to  | Top: Botto                   | m: T.D                       | '          | . ragging            | g completed.               |   |  |
|   |                              |                              |            |                      |                            |   |  |
| Show depth and thickness of a                               | all water, oil and gas forma | ations.                      |            |                      |                            |   |  |
| Oil, Gas or Water   | Records                      |                              | Casing Re  | cord (Su             | urface, Conductor & Produc | tion)                                       |  |
| Formation   | Content                      | Casing                       | Size       |                      | Setting Depth              | Pulled Out                                  |  |
|   |                              |                              |            |                      |                            |   |  |
|   |                              |                              |            |                      |                            |   |  |
|   |                              |                              |            |                      |                            |   |  |
|   |                              |                              |            |                      |                            |   |  |
|   |                              |                              |            |                      |                            |   |  |
| Describe in detail the manner cement or other plugs were us |                              | _                            |            |                      |                            | Is used in introducing it into the hole. If |  |
| Plugging Contractor License #                               | :                            |                              | Name:      |                      |                            |   |  |
| Address 1:  |                              |                              | Address 2: | :                    |                            |   |  |
| City:   |                              |                              | ;          | State:               |                            | Zip:+                                       |  |
| Phone: ( )  |                              |                              |            |                      |                            |   |  |
| Name of Party Responsible fo                                | r Plugging Fees:             |                              |            |                      |                            |   |  |
| State of  | County, _                    |                              |            | , ss.                |                            |   |  |
|   | <i>3</i> , –                 |                              |            | _                    | implayed of Onesates       | Operator on obeyed decertibed               |  |
|   | (Print Name)                 |                              |            | E                    | imployee 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.



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

TICKET NUMBER 16067

LOCATION Ottawa

## FIELD TICKET

| DATE   CUSTOMED ACCT #   WELL LINE      | 38 1 1 1 1                       |
|---|----------------------------------|
| 4-15-02 CUSTOMERACCT # Baldwin Unit CWL | SECTION TWP RGE COUNTY FORMATION |
| CHARGE TO TOW N DIL                     | OWNER                            |
| MAILING ADDRESS 16205 W 28745           | OPERATOR Frank Guilfoyle         |
| CITY & STATE Padla K5 66071             | CONTRACTOR Company Tools         |
|   | 2000                             |

| ACCOUNT<br>CODE | QUANTITY or UNITS  | DESCRIPTION OF SERVICES OR PRODUCT | UNIT                | TOTAL<br>AMOUNT                         |
|-----------------|--|------------------------------------|---------------------|---|
| 5405 A          | ]  | PUMP CHARGE plug one wel           |                     | 445 00                                  |
| E2 2 4          | er 000 m m   | prog une                           |                     | 775                                     |
| 1118            | 25x  | 0.00                               |                     |   |
|                 |  | premium gel                        | 1180                | 2360                                    |
| 1105            | 1.5x   | cotton seed hulls                  | 1295                | 1295                                    |
| 5609            | 1 4-   |                                    |                     | -                                       |
|                 |  | pump truck<br>wash time            |                     | 12000                                   |
|                 |  | July 1, VNE                        | **** * *****        | F 10 XX                                 |
|                 | Value 4 (1987) - 407   18111   40   30   10  | 17                                 |                     | 107 107 107 107 107 107 107 107 107 107 |
|                 | The state of the s |                                    | lara _ p            | 21 EEE 2                                |
|                 | 1  |                                    | -                   | 41.000                                  |
|                 |  | *                                  | ****** *** ** (WE') | W 1001                                  |
| E 2 15 500      | \$200-1  |                                    |                     |   |
|                 |  |                                    | (m; a). (mm; -14)   | 70 mg                                   |
|                 | 7-7  | BLENDING & HANDLING                |                     |   |
| 5407            | la of minimo   |                                    | 180° E.             | 9500                                    |
|                 |  | STAND BY TIME                      |                     |   |
|                 | (  | WATER TRANSPORTS                   | - 1 1 m             | 2.2 0.000 1                             |
| CE - 0 0 -      | 200   100 mm   100 mm   200 mm   | PRAC SAND                          | 1:00                |   |
| - X             | Time 18  | FRAC SAND                          | 13 CA               |   |
| 124             | 95 sx  | CEMENT SO 150 403                  | - 45                | -0-75                                   |
|                 |  | 30/30 PUZ                          | 490 SALES TAX       | 7072                                    |
|                 |  |                                    | 177                 |   |
| N.              | 2007   | 76.                                |                     |   |
| 33              |  |                                    | ESTIMATED TOTAL     | 14517                                   |

SIGNATURE\_

CIS FOREMAN

Alan Madie

DATE 4-15-02

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

### TREATMENT REPORT

LOCATION Ottawa

FOREMAN Alan Mady

| 7.15 Od 7823 Caldwin Unit CW   | 6 1 15 20  | COUNTY FORMATION  |
|--|--|---|
| CHARGE TO 70WN 0; 1  | OWNER  | 1 Ja - 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1  |
| NO ISS BY PARTY OF THE PARTY OF | KY   |   |
| IAILING ADDRESS /10205 U/287   | OPERATOR J-Cante (   | enil Forte  |
| m Papla  | CONTRACTOR   | 12 12 12 12 12 12 12 12 12 12 12 12 12 1  |
| TATE ICS ZIP CODE 66071  | DISTANCE TO LOCATION 2/2   |   |
| IME ARRIVED ON LOCATION  | AND STREET, THE ST | idada adimeli   |
| WELL DATA  | TIME LEFT LOCATION   |   |
| OLE SIZE   | TYPE OF T  | DE ATARCAST   |
| OTAL DEPTH   | TYPE OF T  | HEAIMENT  |
| P P P P P P P P P P P P P P P P P P P  | f leupeage gape  |   |
| ASING SIZE 2 1/2   | [ ] SURFACE PIPE   | [ ] ACID BREAKDOWN  |
| ASING DEPTH \$ 75.   | [ ] PRODUCTION CASING  | [ ] ACID STIMULATION  |
| ASING CONDITION  | [ ] SQUEEZE CEMENT   | [ ] ACID SPOTTING   |
|  | LIPLUG & ABANDON   | [ ] FRAC  |
| BING SIZE  | [ ] PLUG BACK  |   |
| BING DEPTH   |  | [ ] FRAC + NITROGEN   |
| JBING WEIGHT   | [ ] MISC PUMP  | [ ] FOAM FRAC   |
| BING CONDITION   | []OTHER  | [ ] NITROGEN  |
| CKER DEPTH   |  | de .  |
|  | PRESSURE L   | IMITATIONS  |
| REPORATIONS<br>IOTS/FT   | THEO   | RETICAL INSTRUCTED  |
| IOTS/FT<br>PEN HOLE  | SURFACE PIPE   | WO I MOOTED   |
| Contract the Contract of the C | ANNULUS LONG STRING  |   |
| EATMENT VIA  | 2  |   |
| The state of the s |  |   |
|  | _  |   |
| STRUCTIONS PRIOR TO JOB  |  | 4   |
|  |  |   |
|  | tt Made  |   |
| STRUCTIONS PRIOR TO JOB  3 96 Alan Mader  164 Bill Zable 195 Mo  | att Made,  |   |
| STRUCTIONS PRIOR TO JOB  3 96 Alan Mader 164 Bill Zable 195 Mo   | Made,  |   |
| STRUCTIONS PRIOR TO JOB  3 96 Alan Mader  164 Bill Zable 195 Mo  | IMMARY  2 875' Mind to   | 2 1 25  |
| STRUCTIONS PRIOR TO JOB  By Alan Made  GH. Bill Zable 195 Mo  JOB SU   | 2875' Mixel +  | pumped 25:  |
| STRUCTIONS PRIOR TO JOB  By Alan Made  GH. Bill Zable 195 Mo  JOB SU   | Made,  MMARY  1 875 Mixel +  asins to surface  | pumped 25 :   |
| STRUCTIONS PRIOR TO JOB  By Alan Made  GH. Bill Zable 195 Mo  JOB SU   | 2875' Mixel +  | pumped 25 :   |
| STRUCTIONS PRIOR TO JOB  BY Alan Made.  GH. Bill Zable 195. Mo  JOB SU  SCRIPTION OF JOB EVENTS Run 1" down to  12/50 poz 270 gel. filled c  ith 5 ex. Put raise on  eyment to cotton 5000 hulls   | 2875' Mixel +  | pumped 25 :  e. Topped of  ted 65 5x  |
| STRUCTIONS PRIOR TO JOB  2) Str. Alan Made  GH. Bill Zable 195. Mo  JOB SU  SCRIPTION OF JOB EVENTS Run 1" down +  2/50 POZ 270 ge! filled c  ith 5 sx. Put raise on  eyment + cotton 5000 hulls   | 2875' Mixel +  | Pumpod 25 :<br>e. Topped of<br>ted 65 5x of   |
| STRUCTIONS PRIOR TO JOB  BY Alan Made.  GH. Bill Zable 195. Mo  JOB SU  SCRIPTION OF JOB EVENTS Run 1" down to  1/50 poz 2% ge! filled c  ith 5 sx. Put raise on  eyment to cotton 5000 hulls  | 2875' Mixel +  | Pumpod 25 :<br>e. Topped of<br>ted 65 5x of   |
| STRUCTIONS PRIOR TO JOB  BY Alan Made.  GH. Bill Zable 195. Mo  JOB SU  SCRIPTION OF JOB EVENTS Ran I' down to  2/50 poz 270 ge! filled c  ith 5 sx. Put valve on  eyment + cotton 5000 hulls  rater   | asing to surfact well and injection to well class  | Pumpod 25 :<br>e. Topped of<br>ted 65 5x of   |
| STRUCTIONS PRIOR TO JOB  STRUCTIONS PRIOR TO JOB  SCHIPTION OF JOB EVENTS Run I' down to 1/50 por 2% gel filled contains the 5 ex. Put raise on expent to cotton 5000 hulls  | asing to surface well and injection to well class  | Pumpod 25 :  E. Topped of  ted 65 5x of  med value with   |
| STRUCTIONS PRIOR TO JOB  BY Alan Made.  GH. Bill Zable 195. Mo  JOB SU  SCRIPTION OF JOB EVENTS Run I' down to  1/50 poz 270 gel. filled c  ith 5 sx. Put valve on  eyment to otton 5000 hulls  rater  PRESSURE SUMMARY  | asing to surface well and injection to well class  | Pumpod 25 :  e. Topped of  ted 65 5x of  med value with   |
| STRUCTIONS PRIOR TO JOB  BY Alan Made.  GH. Bill Zable 195. Mo  JOB SU  SCRIPTION OF JOB EVENTS Run I' down to  PLIST POZ 270 cel. Filled c  END SEX. Put valve on  EVENT TO SEX. Put valve on  PRESSURE SUMMARY   | asing to surfact well and injection to well class to surfact in the well class the treatment of the treatmen | Pumpod 25 :  e. Topped of  ted 65 5x of  med value with  Mande  |
| EXPLICITIONS PRIOR TO JOB  SCRIPTION OF JOB EVENTS Run I' down to scription of Job Parks Run I'm Service on Contract of the | asing to surfact well and injection to well Clark  into well Clark  TREATME  BREAKDOWN BPM   |   |
| ETRUCTIONS PRIOR TO JOB  STRUCTIONS PRIOR TO JOB  SCRIPTION OF JOB EVENTS Ran I' down to SCRIPTION OF JOB EVENTS RANGE OF THE STRUCTURE OF THE STRUCTURE SUMMARY  PRESSURE SUMMARY  | asing to surfact well and inject into well. Class BREAKDOWN BPM INITIAL BPM  |   |
| STRUCTIONS PRIOR TO JOB  BY Alan Made  JOB SU  SCRIPTION OF JOB EVENTS Run I' down to SULLY DOZ 270 cel filled con a summary  PRESSURE SUMMARY  PRESSURE SUMMARY  PRIOR TO JOB SUMMARY  PRESSURE SUMMARY   | BREAKDOWN BPM INITIAL BPM MINIMUM BPM  |   |
| STRUCTIONS PRIOR TO JOB  BY Alan Made.  JOB SU  SCRIPTION OF JOB EVENTS Ran I' down +  D/50 PDZ 290 gel filled c  ith 5 ex. Put valve on  event + cotton 5000 hulls  rater  PRESSURE SUMMARY  PRESSURE SUMMARY  PSI  pSi  psi  psi  psi  psi  psi  psi  psi  | BREAKDOWN BPM INITIAL BPM FINAL BPM MAXIMUM BPM MAXIMUM BPM  |   |
| STRUCTIONS PRIOR TO JOB  PLA Alan Made.  JOB SU  SCRIPTION OF JOB EVENTS Ran 1" days +  D/30 PDZ 270 Ge! Filled C  ith 5 SX. Put valve on  EVENT FOR SUMMARY  PRESSURE SUMMARY   | BREAKDOWN BPM INITIAL BPM MAXIMUM BPM AVERAGE BPM  | West to the state of the state |
| STRUCTIONS PRIOR TO JOB  BY Alan Mader  JOB SU  SCRIPTION OF JOB EVENTS Ran I' down +  2/50 poz 290 ge! filled c  ith 5 ex. Plat valve on  event + cotton 5000 hulls  rater  PRESSURE SUMMARY  | BREAKDOWN BPM INITIAL BPM MAXIMUM BPM MAXIMUM BPM AVERAGE BPM AVERAGE BPM  | West to the state of the state |

THE REVERSE SIDE ARE INCORPORATED AS PART OF THIS SALE.