

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 #: 5682
Name: Hughes Drilling Company
Address 1: 122 N. Main
Address 2: _____
City: Wellisville State: Ks Zip: 66092
Contact Person: Carl (Clay) Hughes
Phone: (913) 963-9127
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)
Squirrel Depth to Top: 680 Bottom: 695 T.D. 760
_____ Depth to Top: _____ Bottom: _____ T.D. _____
_____ Depth to Top: _____ Bottom: _____ T.D. _____

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KCC WICHITA

API No. 15 - 059-22,435 - 0000
Spot Description: SE 1/4
NW 2475 NE 2524 SE 1035 Sec. 33 Twp. 15 S. R. 21 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: Franklin
Lease Name: Averil Well #: 1
Date Well Completed: 1982
The plugging proposal was approved on: 9/9/10 (Date)
by: Steve Korf (KCC District Agent's Name)
Plugging Commenced: 9/10/10
Plugging Completed: 9/10/10

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
squirrel 680-695	oil	surface	6 1/4"	50'	0
		production	2 7/8"	760'	0

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.

Consolidated Oil Well Services hooked pump truck to well and pumped 30 sacks of 50/50 poz mix cement with 2% gel into well and squeezed off.

Plugging Contractor License #: 33961 Name: Consolidated Oil Well Services
Address 1: 1322 S. Grant PO Box 884 Address 2: _____
City: Chanute State: Ks Zip: 66720 + _____
Phone: (620) 431-9210
Name of Party Responsible for Plugging Fees: Hughes Drilling Company
State of Kansas County, Franklin, ss.
Carl C. Hughes 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.

Signature: Carl C. Hughes



CONSOLIDATED
Oil Well Services, LLC

TICKET NUMBER 27147
LOCATION Ottawa KS
FOREMAN Fred Mader

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
9/10/10	3425	Averill #1	SE 33	15	21	FR
CUSTOMER Hughes Drilling			TRUCK # DRIVER TRUCK # DRIVER			
MAILING ADDRESS 122 Main			506 Fred Safety Mtg			
CITY STATE ZIP CODE Wellsville KS 66092			495 Casey C/K			
			510 Tim TFW			

JOB TYPE Plug HOLE SIZE _____ HOLE DEPTH _____ CASING SIZE & WEIGHT 2 7/8"
 CASING DEPTH _____ DRILL PIPE Perts @ TAPPING 680' OTHER _____
 SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING Full
 DISPLACEMENT _____ DISPLACEMENT PSI 1600* MIX PSI _____ RATE 2BPM

REMARKS: Establish pump rate. Mix Pump 30 sks 50/50 Por
Mix Cement 2% Gel Pressure to 1600*. Shut in
Casey

Customer Supplied H₂O

Fred Mader

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5405A	#5 of 5	PUMP CHARGE <u>Plug to Abandon</u>		430.00
5406	0	MILEAGE <u>Truck on lease</u>		N/C
5407A	52.5	<u>Tow Miles</u>		63.00
1124	30 sks	<u>50/50 Por Mix Cement</u>		295.20
1118B	50 #	<u>Premium Gel</u>		10.00
1105	5 #	<u>Cottonseed Hulls</u>		1.95
				7.8%
				SALES TAX
				ESTIMATED
				TOTAL

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KCC WICHITA

WD 236588

2326
824.14

Revin 3737

AUTHORIZATION Clay 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 identified on this form.