

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: Wellsville 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

API No. 15 - 059-22,436 00 00
Spot Description: SE 1/4
NE NW NE SE Sec. 33 Twp. 15 S. R. 21 East West
2475 2501 Feet from North South Line of Section
705 700 Feet from East West Line of Section
Footages Calculated from Nearest Outside Section Corner:
NE NW SE SW
County: Franklin
Lease Name: Averill Well #: 2
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.

Table with 6 columns: Oil, Gas or Water Records (Formation, Content), Casing Record (Surface, Conductor & Production) (Casing, Size, Setting Depth, Pulled Out). Row 1: squirrel 680-695, oil, surface, 6 1/4", 50', 0. Row 2: 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.

RECEIVED
DEC 20 2010
KCC WICHITA

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 (Print Name) Employee of Operator or Operator on above-described well, [checked]

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

PO Box 884, Chanute, KS 66720
620-431-9210 or 800-467-8676

TICKET NUMBER 27146
LOCATION Ottawa KS
FOREMAN Fred Mader

FIELD TICKET & TREATMENT REPORT
CEMENT

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
9/10/10	3425	Averill # 2	SE 33	15	21	FR
CUSTOMER Hughes Drilling			TRUCK #			
MAILING ADDRESS 122 Main			DRIVER		TRUCK #	
CITY Wellsville			DRIVER		TRUCK #	
STATE KS			DRIVER		TRUCK #	
ZIP CODE 66092			DRIVER		TRUCK #	
			DRIVER		TRUCK #	
			DRIVER		TRUCK #	

JOB TYPE Plug HOLE SIZE _____ HOLE DEPTH _____ CASING SIZE & WEIGHT 2 7/8
 CASING DEPTH _____ DRILL PIPE Perfs @ TUBING 680' OTHER _____
 SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING Full
 DISPLACEMENT N/A DISPLACEMENT PSI _____ MIX PSI _____ RATE 2 BPM

REMARKS: Plug to Abandon. Establish pump rate. Mix + Pump 30 SKS
50/50 Por Mix Cement 270 Gal. Pressure to 1600# PSI
Shut in casing

Fred Mader

Customer Supplied H₂O

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5405A	#4075	PUMP CHARGE <u>Plug to Abandon</u>		430 ⁰⁰
5406	-0-	MILEAGE <u>Truck on lease</u>		N/C
5407A	52.5	<u>Ton Miles</u>		63 ⁰⁰
RECEIVED				
1124	30 SKS	50/50 Por Mix Cement		295 ²⁵
115B	50 #	Premium Gel		10 ⁰⁰
1105	5 #	Cottonseed Hulls		1.95
KCC WICHITA				
WO# 236586				
				7.8%
				SALES TAX
				ESTIMATED
				TOTAL
				23 ²⁵
				624 ¹¹

Ravin 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.