

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
_____ Depth to Top: _____ Bottom: _____ T.D. _____
_____ Depth to Top: _____ Bottom: _____ T.D. _____

API No. 15 - 059-22,437 00 00
Spot Description: SE 1/4
NW NE NE SE Sec. 33 Twp. 15 S. R. 21 East West
2475 2505 Feet from North / South Line of Section
375 369 Feet from East / West Line of Section
Footages Calculated from Nearest Outside Section Corner:
 NE NW SE SW
County: Franklin
Lease Name: Averill Well #: 3
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.

RECEIVED
DEC 20 2010
12-20-10
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 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 27145
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 # 3	SE 33	15	21	FR
CUSTOMER			TRUCK #			
Mailing Address			DRIVER			
CITY			TRUCK #			
STATE			DRIVER			
ZIP CODE						
Wellsville			506 Fred			
KS			495 Casey			
66092			510 Tim			

JOB TYPE Plg HOLE SIZE _____ HOLE DEPTH _____ CASING SIZE & WEIGHT 2 1/8"
 CASING DEPTH 0 DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT In CASING Full
 DISPLACEMENT _____ DISPLACEMENT PSI _____ MIX PSI 600* RATE 2 BPM.

REMARKS: Plug to Abandon. Establish injection rate. Mix Pump
30 SKS 50/50 Poz Mix Cement. 2% Gel. Pressure to
1600* PSI. Shut in casing

Customer Supplied H₂O Fred Mader

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
54254	#3 of 5	PUMP CHARGE		430 ⁰⁰
5406	-0-	MILEAGE Truck on lease		N/C
5407A	52.5	Ten miles		63 ⁰⁰
1124	30 SKS	50/50 Poz Mix Cement	RECEIVED	295 ³⁰
1150	50#	Premium Gel	DEC 20 2010	10 ⁰⁰
1105	5#	Cottonseed Hulls.		1.95
KCC WICHITA				
NO # 236584				
7.8%				
			SALES TAX ESTIMATED	23 ⁹⁶
			TOTAL	824 ⁰⁰

Flavin 3737

AUTHORIZATION Chay 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.