

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 #: 6044
Name: Stelbar Oil Corporation, Inc.
Address 1: 1625 N. Waterfront Parkway, Suite 200
Address 2: _____
City: Wichita State: KS Zip: 67206 + _____
Contact Person: Roscoe Mendenhall
Phone: (316) 440-7605
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)
Mississippi Depth to Top: 3462' Bottom: 3468' T.D. 3500'
Cleveland Depth to Top: 3104' Bottom: 3114' T.D. _____
Kansas City Depth to Top: 2966' Bottom: 2974' T.D. _____

API No. 15 - 191-20682 - 00 - 00
Spot Description: _____
C N/2 SE/4 Sec. 27 Twp. 34 S. R. 2 East West
1,980 Feet from North / South Line of Section
1,320 Feet from East / West Line of Section
Footages Calculated from Nearest Outside Section Corner:
 NE NW SE SW
County: Sumner
Lease Name: Norrish Well #: 7
Date Well Completed: August 1977
The plugging proposal was approved on: 7/19/2011 (Date)
by: Steve Van Gieson (KCC District Agent's Name)
Plugging Commenced: 7/19/2011
Plugging Completed: 7/20/2011

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
Mississippi	oil, water, gas	Surface	8-5/8"	210'	None
Cleveland	oil, water, gas	Production	5-1/2"	3500'	300'
Kansas City	oil, water				

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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.

Set CIBP at 2913' KB and dump two sacks cement on plug. Cut off 5-1/2" casing at 300', pull and lay down casing. RIH with 2-3/8" tubing to 310' and pump 147 sacks 60/40 pozmix cement with 2% calcium chloride. Circulated cement to surface. POOH with tubing. Cut off 8-5/8" casing four feet below ground level.

Plugging Contractor License #: 6044 Name: Stelbar Oil Corporation, Inc.
Address 1: 1625 N. Waterfront Parkway, Suite 200 Address 2: _____
City: Wichita State: Kansas Zip: 67206 + _____
Phone: (316) 264-8378
Name of Party Responsible for Plugging Fees: Stelbar Oil Corporation, Inc.
State of Kansas County, Sedgwick, ss.
Roscoe Mendenhall 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: Roscoe Mendenhall 8/2/11

de



CONSOLIDATED
Oil Well Services, LLC

242792

TICKET NUMBER 31173
LOCATION # 180 E Dorado
FOREMAN Jacob Storm

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
7-20-11	7396	Norrish #7	27	34 S	2 E	Summer
CUSTOMER Steel Bar oil			TRUCK #		DRIVER	
MAILING ADDRESS 1625 N waterfront Parkway Suite 200			290 ^{unit}		Jared	
CITY STATE ZIP CODE Wichita KS 67206			502 ^{bulk}		Steve	
			511		Jacob	

Safety meeting
J.D.
J.D.
CC

JOB TYPE Plug B HOLE SIZE 7 7/8 HOLE DEPTH _____ CASING SIZE & WEIGHT 7 7/8
 CASING DEPTH _____ DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT 1416 SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT IN CASING _____
 DISPLACEMENT 0 DISPLACEMENT PSI 0 MIX PSI 200 RATE 36pm

REMARKS: Safety meeting, Run tubing to 310ft mixed 147 sks 60/40 Hfg
2 1/2 cc circulating cement to surface, pulled tubing and wash
up.

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE	975.00	975.00
5406	60 mile	MILEAGE	4.00	240.00
5407A	60 mile	X 6.17 ton X	1.26	466.45
1131	147 sks	60/40 po2	11.95	1756.65
1118 B	550 lbs	gel	0.20	110.00
1102	240 lbs	calcium chloride	0.70	168.00
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			Subtotal	3716.10
			SALES TAX	148.53
			ESTIMATED TOTAL	3864.63

Revin 3737

AUTHORIZATION Rob Waller 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 1



**Unsurpassed Service.
Premium Equipment.
The Best People.**

Service Order No. **1**

Date: 7-19-11

Phone: (785) 625 - 3858 Fax: (785) 625 - 8635



Customer Info	Company <u>StelBar oil corp. Inc</u>				Customer Order # <u>OW</u>				
	Billing Address				City		ST	Zip	
Well Info	Lease & Well # <u>StelBar - Narrish #7</u>			Field Name			Legal Description (coordinates) <u>27 3/4 2E</u>		
	Nearest Town <u>South Haven</u>	County / Parish <u>Sumner</u>	ST <u>KS</u>	Rig	Permit #	Price Zone	Casing Size <u>5 1/2</u>	Casing Weight	
	Fluid <u>Full</u>	Level (surf.)	Reading from	Customer T.D.	Pioneer T.D.	Elevation <u>5'K.B.</u>	KB Elevation		
	Engineer <u>S. Ernst</u>	Truck Driver <u>Shay Bass</u>		Crew Members			Unit # <u>6</u>	Miles <u>241</u>	

Product Code	Description	Qty	Unit Price	Depth		Amount
				From	To	
	<u>5 1/2 Bore plug</u>					<u>500.00</u>
	<u>setting charge at 292.0</u>					<u>1000.00</u>
	<u>7</u>					
	<u>CIL 2913.0</u>					
	<u>2nd cement</u>					<u>600.00</u>
	<u>Casing cutter</u>					<u>1050.00</u>
	<u>Cut job 300'</u>					<u>1050.00</u>
	<u>Trk #6</u>					<u>950.00</u>

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THE UNDERSIGNED HEREBY CERTIFIES THAT HE HAS FULL AUTHORITY TO ENTER INTO THIS CONTRACT ON BEHALF OF THE CUSTOMER AND AGREES TO THE TERMS AND CONDITIONS SET FORTH ON THE REVERSE SIDE HEREOF.

SUBTOTAL	<u>5450.00</u>
DISCOUNT	
SUBTOTAL	
TAX	
NET TOTAL	

Customer Approval

Name Printed _____ Signature / Date _____

Pioneer Field Representative

Name Printed _____ Signature / Date _____

PIONEER OFFICE USE ONLY - Manager Approval

Name Printed _____ Signature / Date _____