

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

5-11-15

Form CP-4
July 2014
Type or Print on this Form
Form must be Signed
All blanks must be Filled

OPERATOR: License #:
Name: Galamba Real Estate
Address 1: P.O. Box 24286
Address 2:
City: Overland Park State: Ks Zip: 66283 +
Contact Person: Stephen Galamba
Phone: (816) 225-6441
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)
 Depth to Top: Bottom: T.D.
 Depth to Top: Bottom: T.D.
 Depth to Top: Bottom: T.D.

API No. 15 - 091-22810-00-00
Spot Description:
SE SW NW Sec. 7 Twp. 15 S. R. 25 East West
2,970 Feet from North / South Line of Section
4,290 Feet from East / West Line of Section
Footages Calculated from Nearest Outside Section Corner:
 NE NW SE SW
County: Johnson
Lease Name: Galamba (Metcalf Partners) Well #: 3
Date Well Completed: 8/13/2008
The plugging proposal was approved on: (Date)
by: (KCC District Agent's Name)
Plugging Commenced: 3/27/2015
Plugging Completed: 3/27/2015

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
		Surface	7	20	
		Completion	4.500	713	

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.

Pumped 50 sks 50/50 POZ mix cement w/ 6% gel per sck & 18 # cottonseed hulls, pressured to 1500 PSI, shut in casing.

KCC WICHITA

MAY 11 2015

RECEIVED

Plugging Contractor License #: 33961 Name: Consolidated Oil Well Service LLC
Address 1: 1322 S. Grant Address 2: PO Box 884
City: Chanute State: Kansas Zip: 66720 +
Phone: (620) 431-9210

Name of Party Responsible for Plugging Fees: Galamba Real Estate
State of Kansas County, Johnson, ss.

Besti Stutenkille 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: [Handwritten Signature]

bc



CONSOLIDATED
Oil Well Services, U.S.

2536
2472

TICKET NUMBER 50867
LOCATION Osawa, KS
FOREMAN Casey Kennedy

PO Box 884, Chanute, KS 66720
620-431-8210 or 800-467-8676

FIELD TICKET & TREATMENT REPORT
CEMENT

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
2/27/15	11038	Metcalf Partners # 3	NW 7	14	25	JO
CUSTOMER Balbu Well Service			TRUCK # DRIVER TRUCK # DRIVER			
MAILING ADDRESS PO Box 352			129	Car Ken	✓	Society, Mackay
CITY STATE ZIP CODE Osawatomie KS 66064			467	Keidar	✓	
			548	Brubir	✓	
			1275	Keidar	✓	

JOB TYPE plug HOLE SIZE _____ HOLE DEPTH _____ CASING SIZE & WEIGHT 4 1/2"
 CASING DEPTH _____ DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT IN CASING full
 DISPLACEMENT _____ DISPLACEMENT PSI _____ MIX PSI _____ RATE 3 hrs

REMARKS: held safety meeting, established rates, mixed & pumped 50 sks 95% Pozmix cement w/ 6% gel per sk w/ 18# Cottonseed hulls, pressured to 1500 PSI, shut in casing.

(Handwritten signature)

ACCOUNT CODE	QUANTITY of UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5405A	1	PUMP CHARGE	370.00	
5406	1 mi large	MILEAGE		
5407	1/5 min	1/5 mi mileage	73.60	
5502C	1 hrs	FD Use	60.00	
		trucks	543.60	
		-10%	54.36	
		subtotal		489.24
1124	50 sks	95% Pozmix cement	575.00	
118B	252 #	Gel	55.44	
1105	18 #	Cottonseed Hulls	8.28	
		materials	1675.72	
		-30%	1173.00	
		KCC WICHITA subtotal		447.10
		MAY 11 2015		
		RECEIVED		
		7.275%	SALES TAX	32.97
			ESTIMATED TOTAL	919.31
				(1229.43)

Revin 3737

AUTHORIZATION (Signature) 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.