



Notice: Fill out COMPLETELY and return to Conservation Division at the address below within 60 days from plugging date.

KANSAS CORPORATION COMMISSION 1082183
OIL & GAS CONSERVATION DIVISION

Form CP-4
March 2009

Type or Print on this Form
Form must be Signed
All blanks must be Filled

WELL PLUGGING RECORD
K.A.R. 82-3-117

OPERATOR: License #: _____
 Name: _____
 Address 1: _____
 Address 2: _____
 City: _____ State: _____ Zip: _____ + _____
 Contact Person: _____
 Phone: (_____) _____
 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 - _____
 Spot Description: _____
 _____ - _____ - _____ Sec. _____ Twp. _____ S. R. _____ 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: _____
 Lease Name: _____ Well #: _____
 Date Well Completed: _____
 The plugging proposal was approved on: _____ (Date)
 by: _____ (KCC District Agent's Name)
 Plugging Commenced: _____
 Plugging Completed: _____

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

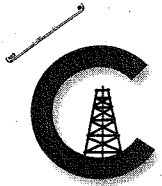
Describe in detail the manner in which the well is plugged, indicating where the mud fluid was placed and the method or methods used in introducing it into the hole. If cement or other plugs were used, state the character of same depth placed from (bottom), to (top) for each plug set.

Plugging Contractor License #: _____ Name: _____
 Address 1: _____ Address 2: _____
 City: _____ State: _____ Zip: _____ + _____
 Phone: (_____) _____
 Name of Party Responsible for Plugging Fees: _____
 State of _____ County, _____, ss.
 _____ 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.

Submitted Electronically

Mail to: KCC - Conservation Division, 130 S. Market - Room 2078, Wichita, Kansas 67202



CONSOLIDATED
Oil Well Services, LLC

REMIT TO
Consolidated Oil Well Services, LLC
Dept. 970
P.O. Box 4346
Houston, TX 77210-4346

MAIN OFFICE
P.O. Box 884
Chanute, KS 66720
620/431-9210 • 1-800/467-8676
Fax 620/431-0012

INVOICE

Invoice # 249540

Invoice Date: 05/09/2012 Terms: 10/10/30,n/30

Page 1

KNIGHTON OIL CO
BUILDING 100 SUITE A
1700 N. WATERFRON PARKWAY
WICHITA KS 67206
(316) 264-7918

CAROLYN #4
33810
30-18-30
05-06-2012
KS

Part Number	Description	Qty	Unit Price	Total
1131	60/40 POZ MIX	270.00	15.1000	4077.00
1118B	PREMIUM GEL / BENTONITE	928.00	.2500	232.00
1107	FLO-SEAL (25#)	67.50	2.8200	190.35
4432	8 5/8" WOODEN PLUG	1.00	96.0000	96.00

Sublet Performed	Description	Total
9999-130	CASH DISCOUNT	-459.54
9999-130	CASH DISCOUNT	-230.06

Description	Hours	Unit Price	Total
439 TON MILEAGE DELIVERY	1.00	775.60	775.60
463 P & A NEW WELL	1.00	1325.00	1325.00
463 EQUIPMENT MILEAGE (ONE WAY)	40.00	5.00	200.00

WELL FILE

Amount Due 7185.46 if paid after 06/08/2012

Parts:	4595.35	Freight:	.00	Tax:	260.56	AR	6466.91
Labor:	.00	Misc:	.00	Total:	6466.91		
Sublt:	-689.60	Supplies:	.00	Change:	.00		

Signed _____ Date _____



CONSOLIDATED
Oil Well Services, LLC

TICKET NUMBER 33810
LOCATION Oakley MS
FOREMAN Miles Shaw

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
5-6-12	4495	Carolynn #4	30	18-S	30 W	Lane
CUSTOMER Knighton Oil			TRUCK # DRIVER TRUCK # DRIVER			
MAILING ADDRESS			463	Cory D		
CITY STATE ZIP CODE			439	Thomas B		

JOB TYPE PTA HOLE SIZE 7 7/8" HOLE DEPTH 4389 CASING SIZE & WEIGHT _____
 CASING DEPTH _____ DRILL PIPE 4 1/2" TUBING _____ OTHER _____
 SLURRY WEIGHT 13.8 #/sq SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING _____
 DISPLACEMENT _____ DISPLACEMENT PSI _____ MIX PSI _____ RATE _____

REMARKS: Safety meeting on WW Drilling #10 Rig up plus 95 ordered
1st 50 shs @ 2250'
2nd 80 shs @ 1470'
3rd 50 shs @ 720' 270 shs 60/40 puz mix with 4% gel 1/4" flo seal
4th 40 shs @ 240'
5th 20 shs @ 60'
Ref hole 30 shs

Thanks Miles & Crew

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5465N	1	PUMP CHARGE	1325.00	1325.00
5406	40	MILEAGE	5.00	200.00
5407A	11.61	Ten mileage delivery	1.67	775.60
1131	270 shs	60/40 puz mix	15.10	4077.00
1118B	928 #	Bentonite gel	.25	232.00
1107	67.5 #	Flo seal	2.82	190.35
4432	1	8" wooden plug	96.00	96.00
			Subtotal	6895.95
			LES 10% discount	689.60
			Subtotal	6206.35
			SALES TAX	210.50
			ESTIMATED TOTAL	6466.91

WELL FILE

Ravin 3737 AUTHORIZATION [Signature] TITLE 249540 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.