

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

the same are true and correct, so help me God.

## KANSAS CORPORATION COMMISSION OIL & GAS CONSERVATION DIVISION

### 1082834

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 #:			API No.	15				
Name:				Spot Description:				
Address 1:				SecTwp S. R East West				
Address 2:				Feet from North / South Line of Section				
City:	State:	Zip: +		Feet from East / West Line of Section				
Contact Person:			Footage	Footages Calculated from Nearest Outside Section Corner:				
Phone: ( )				NE NW	SE SW			
Type of Well: (Check one)	Oil Well Gas Well	OG D&A Cathodi	ic County:					
Water Supply Well	Other:	SWD Permit #:		Lease Name: Well #:				
ENHR Permit #:	Gas Sto	orage Permit #:		Date Well Completed:				
Is ACO-1 filed? Yes	No If not, is we	Il log attached? Yes	1					
Producing Formation(s): List	All (If needed attach anothe	r sheet)						
Depth	to Top: Botto	om: T.D						
Depth	to Top: Botto	om: T.D						
Depth	to Top: Botto	om:T.D		g Completed				
Show depth and thickness of	f all water, oil and gas form	ations.						
Oil, Gas or Wate	er Records		Casing Record (Su	rface, Conductor & Prod	uction)			
Formation	Content	Casing	Size	Setting Depth	Pulled Out			
					+			
cement or other plugs were	used, state the character o	f same depth placed from (bot	tom), to (top) for ea	cn 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.					
			П в	mployee of Operator or	Operator on above-described well,			
·	(Print Name)	<u> </u>		. ,				

Submitted Electronically

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

# 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	#	248749
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KINNEY OIL COMPANY 1401 17TH ST, SUITE 870 DENVER CO 80202 (303)295-1770 SPIELMAN 1-17 36377 17-35-13E 03-31-12 KS

Description Qty Unit Price Part Number Total 1131 60/40 POZ MIX 125.00 12.5500 1568.75 1118B PREMIUM GEL / BENTONITE .2100 430.00 90.30 Description Hours Unit Price Total 1030.00

 485
 P & A NEW WELL
 1.00
 1030.00

 485
 EQUIPMENT MILEAGE (ONE WAY)
 170.00
 4.00

 667
 TON MILEAGE DELIVERY
 914.60
 1.34

Mus V20762 0113100015 7360

Parts: 1659.05 Freight: .00 Tax: 121.11 AR 4715.72

Labor: .00 Misc: .00 Total: 4715.72 Sublt: .00 Supplies: .00 Change: .00

Signed\_\_\_\_\_\_Date\_\_\_\_

680.00

1225.56





TICKET NUMBER 36377

LOCATION FURE Ka

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

# FIELD TICKET & TREATMENT REPORT

620-431-9210	or 800-467-867	6		CEME	IT DOT	15-131-20	7 7 S		
DATE	CUSTOMER#	WEL	L NAME & NUM		SECTION	TOWNSHIP	RANGE	COUNTY	
3-31-12	4570	Spieln	nan 1-1	7	17	35	138	Memaha	
CUSTOMER		•							
MAILING ADDRE	ney Oil	Compan	γ	-	TRUCK#	DRIVER	TRUCK #	DRIVER	
					485	Alann	-		
CITY	17 58	STATE	ZIP CODE		667	1902	7474 7400000000000000000000000000000000		
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Denus		HOLE SIZE	80202		. 65 %	CASING SIZE &			
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ACCOUNT CODE	QUANITY or UNITS		DESCRIPTION of SERVICES or PRODUCT			UNIT PRICE	TOTAL		
5405 N	1		PUMP CHAR	GE			1030-00	1030.00	
5406	170		MILEAGE				4.00	680.00	
Newton Market Control	West of the second seco	Walter Committee (MARK)			-y				
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5402A				a-\/.	BUKT	<b>.</b>	1.34	1006 (1	
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	Control AVIII (Control Control						Subtotal	4594.61	
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						7.3%	SALES TAX	121.11	
Ravin 3737	1	<u> </u>		2481	19	7.3%	SALES TAX ESTIMATED TOTAL	121.11	

account records, at our office, and conditions of service on the back of this form are in effect for services identified on this form