

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

1082850

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 #:			1	API No. 15						
OPERATOR: License #:										
Address 1:				•	·	wp 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:					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 well	I log attached? Yes	No							
Producing Formation(s): List A	All (If needed attach another	r sheet)		by:		(KCC District Agent's Name)				
Depth to	Top: Botto	om: T.D		Plugging (Commenced:					
Depth to	o Top: Botto	om: T.D		Plugging Completed:						
Depth to	o Top: Botto	om:T.D								
Show depth and thickness of	all water, oil and gas forma	ations.								
Oil, Gas or Water	r Records		Casing Record (Surface, Conductor & Production)							
Formation	Content	Casing	Size		Setting Depth	Pulled Out				
Describe in detail the manner cement or other plugs were us						ds used in introducing it into the hole. If				
Plugging Contractor License #:				lame:						
Address 1:			Address	2:						
City:			State:		Zip:+					
Phone: ()										
Name of Party Responsible fo	or Plugging Fees:									
State of	Countv			_ , SS.						
	3 , -	, , , , , , , , , , , , , , , , , , ,			played of Operator	Operator on phase described				
			Employee of Operator or Operator on above-described well,							

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.

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 Date:

04/16/2012

Terms: 0/0/30, n/30

Page

1

KINNEY OIL COMPANY 1401 17TH ST, SUITE 870 DENVER CO 80202 (303)295-1770

MOSER 1-11 36437 11-2S-3E 04-13-12

KS

Plus

Part Number Description Qty Unit Price Total 1131 60/40 POZ MIX 130.00 12.5500 1631.50 1118B PREMIUM GEL / BENTONITE 448,00 .2100 94.08 Description Hours Unit Price Total P & A NEW WELL 485 1.00 1030.00 1030.00 485 EQUIPMENT MILEAGE (ONE WAY) 170.00 4.00 680.00 515 TON MILEAGE DELIVERY 950.30 1.34 1273.40

> 0113100018 7360 V20764

Parts: 1725.58 Freight: .00 Tax: 125.97 AR 4834.95

Labor: .00 Misc: .00 Total: 4834.95
Sublt: .00 Supplies: .00 Change: .00

Signed_

Date





LOCATION Eureka FOREMAN STEVE MARGE

FIELD TICKET & TREATMENT REPORT

	or 800-467-867			CEME	NI API	15-131-20 TOWNSHIP	1230	00000
DATE	CUSTOMER#		L NAME & NUM	BER	SECTION	TOWNSHIP		COUNTY
4/-/3-1Z CUSTOMER	4570	MOSEC	· #1-11			25	1 3E	Nemaha
					TRUCK#	T PRIVER	TDUCK#	DDWED
Kinney Oil Company MAILING ADDRESS						DRIVER	TRUCK#	DRIVER
WALLING ADDIT	7 to				485	Alanm.		Market and the second s
1401 1	7 51.	STE. S'	7 0	_	515	Calin		A
CITY		STATE	ZIP CODE				We distribute the second of	
Denver		LCo.	80202					ACCOMMUNICATION AND ASSESSMENT OF THE PARTY AND ASSESSMENT OF THE PARTY ASSESS
JOB TYPE	TAO	HOLE SIZE	-	_ HOLE DEPT	ГН	CASING SIZE &	WEIGHT	
CASING DEPTH	1	DRILL PIPE	4"	_TUBING			OTHER	
				WATER gal	CEMENT LEFT is	n CASING		
		-						
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ACCOUNT CODE	QUANIT	Y or UNITS DESCRIPTION of SERVICES or P				RODUCT	UNIT PRICE	TOTAL
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5405 N	1 1		PUMP CHARGE					1030.00
5406	170		MILEAGE				4.00	680.00
ALCONOMIC MANAGEMENT OF THE PARTY OF THE PAR	ļ							
1131	1305ks	<u> </u>	60/40 Pozmix Cement				12.55	1631.50
11188	448 1		Gel	4%			.21	94.08
5407A	5.59 70.		Jon Mi	leaca	BWK Tru	cle	134	1273.40
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				100 to		7.5%	SALES TAX	125.97
Ravin 3737	A TOTAL CONTRACTOR OF THE PARTY			7/10	3001		ESTIMATED	
				an'	3071		TOTAL	4834.95
	Dan Co	,		TITLE		*	DATE	

l 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