



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

KANSAS CORPORATION COMMISSION 1082852
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

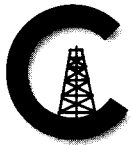
Describe in detail the manner in which the well is plugged, indicating where the mud fluid was placed and the method or methods used in introducing it into the hole. If cement or other plugs were used, state the character of same depth placed from (bottom), to (top) for each plug set.

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 # 249494

Invoice Date: 04/30/2012 Terms: 0/0/30,n/30

Page 1

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

GRIMM 1-32 #1
34621
32-15-14E
04-30-12
KS

Part Number	Description	Qty	Unit Price	Total
1131	60/40 POZ MIX	170.00	12.5500	2133.50
1118B	PREMIUM GEL / BENTONITE	585.00	.2100	122.85
Description		Hours	Unit Price	Total
485	P & A NEW WELL	1.00	1030.00	1030.00
485	EQUIPMENT MILEAGE (ONE WAY)	170.00	4.00	680.00
611	TON MILEAGE DELIVERY	1242.70	1.34	1665.22

PA A
V 20769
011310019
7360

Parts:	2256.35	Freight:	.00	Tax:	164.72	AR	5796.29
Labor:	.00	Misc:	.00	Total:	5796.29		
Sublt:	.00	Supplies:	.00	Change:	.00		

Signed _____

Date _____

BARTLESVILLE, OK
918/338-0808

EL DORADO, KS
316/322-7022

EUREKA, KS
620/583-7664

PONCA CITY, OK
580/762-2303

OAKLEY, KS
785/672-2227

OTTAWA, KS
785/242-4044

THAYER, KS
620/839-5269

GILLETTE, WY
307/686-4914



ENTERED

TICKET NUMBER 34621 ✓

LOCATION Eureka

FOREMAN STEWART

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

FIELD TICKET & TREATMENT REPORT

CEMENT APT 15-131-20233

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
4-30-12	4570	Grimm 1-32 *1	32	15	14E	Nemaha
CUSTOMER			TRUCK # DRIVER TRUCK # DRIVER			
KINNEY OIL COMPANY			485	Alam.		
MAILING ADDRESS			611	Joey		
1401 17th St. Ste 870						
CITY		STATE	ZIP CODE			
Denver		CO.	80202			

JOB TYPE PIA Q HOLE SIZE 2 3/8 HOLE DEPTH 3963' CASING SIZE & WEIGHT _____
 CASING DEPTH _____ DRILL PIPE 4" TUBING _____ OTHER _____
 SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING _____
 DISPLACEMENT _____ DISPLACEMENT PSI _____ MIX PSI _____ RATE _____

REMARKS: Soft Mating; R.P. up to 4" Drill pipe Plug well as follows.

- 1st 20SKS AT 3910'
 - 2nd 20SKS AT 3750'
 - 3rd 20SKS AT 1450'
 - 4th 110 3/4 5/8 TO SURFACE
- Total 170 60/40 Perm Mix Cement w/ 4% Gel

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5405N	1	PUMP CHARGE	1030.00	1030.00
5406	170	MILEAGE	4.00	680.00
1131	170	60/40 Perm Mix Cement	12.55	2133.50
118B	585	Gel 4%	.21	122.85
5407A	7.31 Tons	Fan Mileage Bulk Trucks	1.34	1665.22
			SubTotal	5631.57
			SALES TAX 7.3%	164.78
			ESTIMATED TOTAL	5796.29

Ravin 3737

0492404

AUTHORIZATION Dan Cox 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