



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

KANSAS CORPORATION COMMISSION 1113617
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 # 239322

Invoice Date: 01/26/2011 Terms: 0/0/30,n/30

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

EDELMAN #1-5
30180
01-22-11
KS

Part Number	Description	Qty	Unit Price	Total
1131	60/40 POZ MIX	150.00	11.3500	1702.50
1118B	PREMIUM GEL / BENTONITE	500.00	.2000	100.00

Description	Hours	Unit Price	Total
445 P & A NEW WELL	1.00	925.00	925.00
445 EQUIPMENT MILEAGE (ONE WAY)	170.00	3.65	620.50
515 TON MILEAGE DELIVERY	1096.50	1.20	1315.80

7360
0113100009
V20703

Parts:	1802.50	Freight:	.00	Tax:	131.58	AR	4795.38
Labor:	.00	Misc:	.00	Total:	4795.38		
Sublt:	.00	Supplies:	.00	Change:	.00		

Signed _____

Date _____

BARTLESVILLE, OK
918/338-0808

ELDORADO, KS
316/322-7022

EUREKA, KS
620/583-7664

GILLETTE, WY
307/686-4914

OAKLEY, KS
785/672-2227

OTTAWA, KS
785/242-4044

THAYER, KS
620/839-5269

WORLAND, WY
307/347-4577



ENTERED

TICKET NUMBER 30180
 LOCATION Eureka
 FOREMAN Steve Mead

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
1-22-11	4670	Edelman #1-5	5	2	14E	Nemaha
CUSTOMER Kinney Oil Company			SAFETY 22021115- SM SF CH			
MAILING ADDRESS 1401 17th St. Ste. 870						
CITY Denver		STATE CO.	ZIP CODE 80202			
			TRUCK #	DRIVER	TRUCK #	DRIVER
			445	Shannon		
			513	Culin		

JOB TYPE P/A 0 HOLE SIZE _____ HOLE DEPTH 4030' 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: Safety Meeting: Plug Well As Follow

15 sks AT 4000'
15 sks AT 3596'
15 sks AT 1430'
165 sks 300' To Surface
Total 150 sks 60/40 Pozmix Cement w/4% Gel
Job Complete B'y Down
Thank You

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5405 N	1	PUMP CHARGE	925.00	925.00
5406	170	MILEAGE	3.65	620.50
1131	150 sks	60/40 Pozmix Cement	11.35	1702.50
1118 B	500 #	4% Gel	.20	100.00
5407A	6.45 tons	Ton Mileage Bulk Truck	1.20	1315.80
			Subtotal	4663.80
			SALES TAX 7.3%	131.58
			ESTIMATED TOTAL	4795.38

Ravin 3737

039322

AUTHORIZATION F. 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.