



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

KANSAS CORPORATION COMMISSION 1113625
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 # 241161

Invoice Date: 05/10/2011 Terms: 0/0/30,n/30

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

WOODY ACRES
30517
2-2S-13E
05-06-11
KS

Part Number	Description	Qty	Unit Price	Total
1131	60/40 POZ MIX	155.00	11.9500	1852.25
1118B	PREMIUM GEL / BENTONITE	530.00	.2000	106.00

Description	Hours	Unit Price	Total
485 P & A NEW WELL	1.00	975.00	975.00
485 EQUIPMENT MILEAGE (ONE WAY)	170.00	4.00	680.00
543 TON MILEAGE DELIVERY	1132.20	1.26	1426.57

7360
0113100013
V20720

Plug

Parts:	1958.25	Freight:	.00	Tax:	142.95	AR	5182.77
Labor:	.00	Misc:	.00	Total:	5182.77		
Sublt:	.00	Supplies:	.00	Change:	.00		

Signed _____

Date _____



CONSOLIDATED
Oil Well Services, LLC

ENTERED

TICKET NUMBER 30517
LOCATION Euneka
FOREMAN Steve Mead

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

FIELD TICKET & TREATMENT REPORT

CEMENT APP # 15-131-20223

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
<u>5-6-11</u>	<u>4510</u>	<u>Woody Acres</u>	<u>2</u>	<u>25</u>	<u>13E</u>	<u>Nemaha</u>
CUSTOMER <u>Kinney Oil Company</u>			TRUCK #	DRIVER	TRUCK #	DRIVER
MAILING ADDRESS <u>1401 17th ST. STE. 870</u>			<u>485</u>	<u>Alan M</u>		
CITY <u>Denver</u>	STATE <u>CO.</u>	ZIP CODE <u>80202</u>	<u>543</u>	<u>Allen B</u>		

JOB TYPE PTA O HOLE SIZE _____ HOLE DEPTH _____ CASING SIZE & WEIGHT _____
 CASING DEPTH _____ DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT In CASING _____
 DISPLACEMENT _____ DISPLACEMENT PSI _____ MIX PSI _____ RATE _____

REMARKS: Safety meeting. Rig up to 4" Drill pipe. Plug Well As Follow:
15 sks AT 2350'
15 sks AT 2150'
15 sks AT 930'
110 sks AT 300' To Surface
Total: 155 sks 64/98 Perm-X w/ 4% Gel

Job Complete Rig down Thank You

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
<u>5405N</u>	<u>1</u>	<u>PUMP CHARGE</u>	<u>975.00</u>	<u>975.00</u>
<u>5406</u>	<u>170</u>	<u>MILEAGE</u>	<u>4.00</u>	<u>680.00</u>
<u>1131</u>	<u>155 sks</u>	<u>60/40 Perm Mix Cement</u>	<u>11.95</u>	<u>1852.25</u>
<u>1118B</u>	<u>530 #</u>	<u>4% Gel</u>	<u>.20</u>	<u>106.00</u>
<u>5407A</u>	<u>6.66 Tons</u>	<u>Tan Mileage Bulk Trucks</u>	<u>226</u>	<u>1426.57</u>
			<u>Sub Total</u>	<u>5039.82</u>
			<u>7.3%</u> SALES TAX	<u>142.95</u>
			ESTIMATED TOTAL	<u>5182.77</u>

Ravin 3737

2041161

AUTHORIZATION [Signature] 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.