

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

1113625

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 #:Name:				Spot Description:				
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 Neare	est 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 #:		-		Well #:		
ENHR Permit #:	Gas Sto	orage Permit #:				Woll #.		
Is ACO-1 filed? Yes	No If not, is well	I log attached? Yes	No		•	oved on: (Date)		
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	Top: Botto	om:T.D						
Show depth and thickness of	all water, oil and gas forma	ations.						
Oil, Gas or Water	r Records		Casing R	Record (Surfa	ace, Conductor & Produ	ction)		
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 #:			Name: _	ame:				
Address 1:			Address	2:				
City:				State:		Zip:+		
Phone: ()								
Name of Party Responsible fo	or Plugging Fees:							
State of	Countv			_ , SS.				
	3 , -				ployee of Operator or	Operator on phase described		
	(Print Name)			Em	ployee 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.



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 #

Invoice Date: 05/10/2011

Terms: 0/0/30, n/30

Page

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 N 1131 1118B	Number	Description 60/40 POZ MIX PREMIUM GEL /	BENTONITE	Qty 155.00 530.00	Unit Price 11.9500 .2000	Total 1852.25 106.00
	Description			Hours	Unit Price	Total
485 P & A NEW WELL			1.00	975.00	975.00	
485	EQUIPMENT MILE	AGE (ONE WAY)		170.00	4.00	680.00
543	TON MILEAGE DE	LIVERY		1132.20	1.26	1426.57

7360 0113100013

1958.25 Freight: .00 Tax: Parts: 142.95 AR 5182.77

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

.00

Signed Date

5182.77





TICKET NUMBER 30517

LOCATION EURSKO

FOREMAN STEVE NAGO

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

FIELD TICKET & TREATMENT REPORT

620-431-9210 c	or 800-467-8676	5		CEMEN.	T 1995	13-131-	20223	
DATE	CUSTOMER#	1	NAME & NUMI	BER	SECTION	TOWNSHIP	RANGE	COUNTY
5-6-// CUSTOMER	45/10	Woody	Acres		- 2	25	13E	Wemaha
<u></u>	sy oil (Compan'	<u> </u>		TRUCK#	DRIVER	TRUCK#	DRIVER
					485	Alanm		
1401	17755.	579, 8	70		<u>643</u>	Allen B		
CITY		1						
Denvy		Co.	80505					
JOB TYPE 🔎	Same the second	HOLE SIZE				CASING SIZE & V	NEIGHT	
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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.