



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

KANSAS CORPORATION COMMISSION 1184813
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

RFP

ENTERED DELIVERY DATE _____
 DATE RECEIVED _____

WELL	COUNTY EXPENSE CODE	AMOUNT
KS11101001	1029	4352.42

\$4,134.80

APPROVALS

[Signature]

Charles H. [Signature]
11/13/14



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 # 265006

 Invoice Date: 12/26/2013 Terms: 0/0/30,n/30 Page 1

RUNNING FOXES PETROLEUM INC
 6850 S. HAVANA STREET, ST.400
 CENTENNIAL CO 80112
 (303)617-7242

TRIEMER 14-2
 45816
 14-16S-10E
 12-20-2013
 KS

REC'D DEC 31 2013

Part Number	Description	Qty	Unit Price	Total
1131	60/40 POZ MIX	155.00	13.1800	2042.90
1118B	PREMIUM GEL / BENTONITE	535.00	.2200	117.70
479	MIN. BULK DELIVERY	1.00	658.33	658.33
485	P & A NEW WELL	1.00	1085.00	1085.00
				294.00



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Houston, TX 77210-4346

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485	P & A NEW WELL	1.00	1085.00	1085.00
485	EQUIPMENT MILEAGE (ONE WAY)	70.00	4.20	294.00

OK
2013
1/11/14

Parts: 2160.60 Freight: .00 Tax: 154.49 AR 4352.42
Labor: .00 Misc: .00 Total: 4352.42
Sublt: .00 Supplies: .00 Change: .00

Signed _____

Date _____

BARTLESVILLE, OK 918/338-0808 EL DORADO, KS 318/322-7022 EUREKA, KS 620/583-7664 PONCA CITY, OK 580/762-2303 OAKLEY, KS 785/672-8822 OTTAWA, KS 785/242-4044 THAYER, KS 620/839-5269 GILLETTE, WY 307/686-4914 CUSHING, OK 918/225-2650



CONSOLIDATED
Oil Well Services, LLC

265006

TICKET NUMBER 45816

LOCATION Eureka

FOREMAN Steve Mead

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

FIELD TICKET & TREATMENT REPORT

CEMENT APR 15-111-20482

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
12-20-13	6960	Triemar #14-2	14	163	10E	Lyons
CUSTOMER Running Foxes Petroleum						
MAILING ADDRESS 6855 S. Havana St. Ste 400						
CITY Centennial		STATE CO.	ZIP CODE 80112			
			TRUCK #	DRIVER	TRUCK #	DRIVER
			485	Alan		
			479	Mark		

JOB TYPE <u>PTA 0</u>	HOLE SIZE <u>7 7/8</u>	HOLE DEPTH <u>3453'</u>	CASING SIZE & WEIGHT
CASING DEPTH	DRILL PIPE <u>4 1/2</u>	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 - 50' plug 3453'
- 15 sks - 50' plug 3208'
- 15 sks - 50' plug 3113'
- 15 sks - 50' plug 1715'
- 70 sks 350' to surface
- 15 sks Rest hole
- 10 sks mouse hole

Total 155 sks 6940 Pozmix Cement 4% Gel Job Complete Rig down

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5405N	1	PUMP CHARGE	1085.00	1085.00 ✓
5406	70	MILEAGE	4.20	294.00 ✓
1131	155 sks	6940 Pozmix Cement	13.18	2042.90 ✓
1128B	536 #	Gel 4%	.22	117.70 ✓
5407	6.67 Ton	Ton mileage bulk Truck	141	658.33 ✓
<u>Thank you.</u>				
			SubTotal	4197.93
			SALES TAX <u>7.15%</u>	154.49 ✓
			ESTIMATED TOTAL	4352.42 ✓

completed

Ravin 3737

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 rendered on this form.