



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

KANSAS CORPORATION COMMISSION 1245868
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.Box884
Chanute, KS 66720
620/431-9210, 1-800/467-8676
Fax 620/431-0012

Invoice

Invoice#

802537

Invoice Date: 12/10/14

Terms: Net 30

Page 1

KNIGHTON OIL CO

BUILDING 100 SUITE A
WICHITA KS 67206
USA

1708 N. Waterfront Pkwy.

SOLOMON #7

3166309905

Part No	Description	Quantity	Unit Price	Discount(%)	Total
5401	Cement Pumper	1.000	1,395.0000	10.000	1,255.50
5406	Mileage Charge	50.000	5.2500	10.000	236.25
5407	Min. Bulk Delivery Charge	1.000	430.0000	10.000	387.00
1131	60/40 Poz Mix	125.000	15.8600	10.000	1,784.25
1118B	Premium Gel / Bentonite	430.000	0.2700	10.000	104.49
1107	Flo-Seal	32.000	2.9700	10.000	85.54

Subtotal 4,281.14

Discounted Amount 428.11

SubTotal After Discount 3,853.03

Amount Due 4,423.73 If paid after 01/09/15

PAID
CHK. NO. 68247
DATE 12-29-14

Tax: 128.33

Total: 3,981.36

Solomon
Plugging Cement (#7)

Mi.

BARTLESVILLE, OK
918/338-0808

EL DORADO, KS
316/322-7022

EUREKA, KS
620/583-7554

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

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

MI 1341
PI 1355292
Invoice #802537
FIELD TICKET & TREATMENT REPORT
CEMENT

TICKET NUMBER 47876
LOCATION Oakley, KS
FOREMAN Jerry Y
Cory O (Trainer)
KS

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
12-4-14	4495	Solomon # 7	33	11S	19W	Ellis
CUSTOMER			TRUCK #			
MAILING ADDRESS			DRIVER			
CITY			TRUCK #			
STATE			DRIVER			
ZIP CODE						

Customer: Knightsong Oil
Mailing Address: 100 miles W into
City: _____ State: _____ Zip Code: _____

Truck # 399 Driver Jerry R
Truck # 397 Driver Lance R

JOB TYPE ODP HOLE SIZE _____ HOLE DEPTH _____ CASING SIZE & WEIGHT 4 1/2 / 12 7/8
CASING DEPTH 3307 DRILL PIPE _____ TUBING 1" OTHER _____
SLURRY WEIGHT 13.8 SLURRY VOL 1.42 WATER gal/sk _____ CEMENT LEFT in CASING all of it
DISPLACEMENT _____ DISPLACEMENT PSI _____ MIX PSI _____ RATE _____

REMARKS: Safety meeting & rig upon Express Well Service plugs ordered with 125 sks
60/40 p2 mix 40% gel 1/2 lb seal

20 sks @ 3307'
20 sks @ 2257'
25 sks @ 1207' air to surface
top off with 5 sks
mix 55 on gravel express to 150'

Thank You
Jerry & crew

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE	1395.00	1395.00
5406	50	MILEAGE	5.25	262.50
5407	5.4	Ton mileage delivery (min)	430.00	430.00
1131	125 sks	60/40 p2 mix	15.86	1982.50
1186	430 #	gel	27	116.10
1107	32 #	1/2 lb seal	2.92	95.04
		Subtotal		4281.14
		less 10% disc		428.11
		Subtotal		3853.03
		6.5% SALES TAX		128.33
		ESTIMATED TOTAL		3981.36

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 identified on this form.