



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

KANSAS CORPORATION COMMISSION 1325150
OIL & GAS CONSERVATION DIVISION
WELL PLUGGING RECORD
 K.A.R. 82-3-117

Form CP-4
March 2009

Type or Print on this Form
Form must be Signed
All blanks must be Filled

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

SCOTT'S WELL SERVICE, INC.

PO BOX 136

ROXBURY, KS 67476

(785) 254-7828

COMPANY:
Knighton Oil

DATE:
11/30/2016

LEASE:
White

WELL #:
1

OPERATOR:
Jay Scott

UNIT #:
4

<u>Date</u>	<u>Invoice #</u>	<u>Description of Services</u>	<u>Price</u>	<u>Amount</u>
11/29/16	20758	Drove to location and rig for tubing. Ran tubing to 3003. Pumped 35 sacks cement down well. Pulled tubing. Ran 7 joints in well and circulated cement to surface. Pumped 50 sacks cement down casing. Tore down and moved off.		
	Unit Operator, 2 Men	8.0 Hours	\$210.00	\$1,680.00
			7.50%	\$126.00
	Total			\$1,806.00

WE APPRECIATE AND THANK YOU FOR YOUR BUSINESS

THIS INVOICE IS DUE IN 30 DAYS

TERMS ARE 1.5% ON PAST DUE BALANCES

PLEASE PUT INVOICE NUMBER ON YOUR CHECK



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# 809114

Invoice Date: 11/30/16 Terms: Net 30 Page 1

KNIGHTON OIL CO
 1700 N. WATERFRONT PKWY
 BUILDING 100, SUITE A
 WICHITA KS 67206
 USA
 3166309905

C.H. WHITE #1
 Plussing Cement

Part No	Description	Quantity	Unit Price	Discount(%)	Total
CE0451	Cement Pump Charge 1501' - 3000'	1.000	1,900.0000	50.000	950.00
CE0002	Equipment Mileage Charge - Heavy Equipment	65.000	7.1500	100.000	0.00
CE0710	Cement Delivery Charge	474.497	1.7500	50.000	415.18
WE0853	80 BBL Vacuum Truck (Cement Services)	7.000	100.0000	50.000	350.00
WC6159	City Water	3,000.000	0.0200	50.000	30.00
CC5829	Lite-Weight Blend V (60:40:4)	170.000	16.0000	50.000	1,360.00
CC5325	Calcium Chloride	250.000	1.2500	50.000	156.25
CC6080	Cottonseed Hulls	80.000	0.5000	50.000	20.00

Subtotal 7,027.62
 Discounted Amount 3,746.18
 SubTotal After Discount 3,281.44

Amount Due 7,262.56 If paid after 12/30/16

Tax: 117.47
 Total: 3,398.90

WELL FILE *MJ*



CONSOLIDATED
Oil Well Services, LLC

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

7132
Field #1 dec
1033

TICKET NUMBER 51925
LOCATION El Dorado
FOREMAN Fuzz

FIELD TICKET & TREATMENT REPORT
CEMENT

Invoice # 809114

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
11.29.16	4495	WATA #1	27	15	9	moore
CUSTOMER Knighton Oil Co.						
MAILING ADDRESS 1700 N Water Street Bldg 100 - A						
CITY Wichita		STATE ks	ZIP CODE 67206			
TRUCK #		DRIVER		TRUCK #		DRIVER
603		Tracy				
813		Jeremy				
692		Row				
775		Fuzz				

JOB TYPE <u>AWP</u>	HOLE SIZE	HOLE DEPTH	CASING SIZE & WEIGHT <u>5 1/2</u>
CASING DEPTH	DRILL PIPE	TUBING <u>2 1/8</u>	OTHER
SLURRY WEIGHT	SLURRY VOL	WATER gal/sk	CEMENT LEFT in CASING
DISPLACEMENT	DISPLACEMENT PSI	MIX PSI	RATE

REMARKS: Safety meeting on Scotts well service. Rig up and establish circulation. Mix 35 sks 60/40 4% cel 3% oil w/c extension pills @ 3003. wait 1 1/2 hrs tag cement @ 2834. Run tag to 200' establish circulation mix 85 sks cement w 2% cel & pills. Cement fell wait 1 1/2 hrs establish circ and mix 50 sks cement w/c pill 5 1/2 and B-side to surface.

Thanks Fuzz & Crew

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
660451	1	PUMP CHARGE	1900.00	1900.00
660603	65	MILEAGE	15	N/C
660710	7.3 Ton	Tow mileage Delivery 474.0	125	830.00
660853	7 hrs	80 BBL vac Truck	100.00	700.00
660859	3000 gal	CITY water	10.2	60.00
665829/10691	170 SKS	60/40 pos 4% cel	16.00	2720.00
665325	250 #	Calcium chloride	1.25	312.50
660801	80 #	Collapsing pills	0.50	40.00

Subtotal 6567.50
discount 3281.43
Subtotal 3281.43

SCANNED

WELL FILE

SALES TAX	117.47
ESTIMATED TOTAL	3,398.90

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