



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

KANSAS CORPORATION COMMISSION 1325374
 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 Co.

DATE:

12/5/2016

LEASE:

Olsen

WELL #:

2

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 - 12/2/16	20762	11/29 4 hrs Drove to location and rig for tubing. Ran 97 joints tubing in well. Cemented bottom with 35 sacks. Tagged cement 2936'. Pulled tubing back out. 11/30 4 hrs Ran 8 joints tubing in well. Pumped cement down tubing, circulated cement to surface. 12/1 4 hrs Cement went down hole. Pushed wiper plug down to 300'. Dumped sand on plug out of cement. 12/2 2 hrs Fill casing with cement. Cement surfaced to the top down casing and surface pipe. Fill hole with cement. Used 140 sacks cement on top. Tore down and left location.		
	Unit Operator,	2 Men 14.0 Hours	\$210.00	\$2,940.00
			7.50%	\$220.50
Total				\$3,160.50

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#

809212

Invoice Date: 12/09/16

Terms: Net 30

Page 1

KNIGHTON OIL CO

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

OLSEN #2

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	975.000	1.7500	50.000	853.13
WE0853	80 BBL Vacuum Truck (Cement Services)	5.000	100.0000	50.000	250.00
CC5829	Lite-Weight Blend V (60:40:4)	350.000	16.0000	50.000	2,800.00
CC5325	Calcium Chloride	1,100.000	1.2500	50.000	687.50
CC6080	Cottonseed Hulls	200.000	0.5000	50.000	50.00

Subtotal 11,646.00

Discounted Amount 6,055.38

SubTotal After Discount 5,590.62

Amount Due 12,176.63 If paid after 01/08/17

Tax: 265.32

Total: 5,855.95



CONSOLIDATED
Oil Well Services, LLC

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

FIELD TICKET & TREATMENT REPORT
CEMENT

TICKET NUMBER 51930
LOCATION Sh Doondo
FOREMAN Ruzzo

Invoice #809212

7194
Field ticket doc
7094

Received Time Dec. 4, 2016 9:43AM No. 0239

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
12-1-16	4495	Olsen #2	26	15	9	MOORE

CUSTOMER		TRUCK #		DRIVER	
Knighton Oil Co.		603	TRACY		
MAILING ADDRESS		713	JEREMY		
1700 Westport St 100 Ste A		692	JUD		
CITY	STATE	ZIP CODE	725	FULLY	
Wichita	Ks	67206			

JOB TYPE AWP HOLE SIZE _____ HOLE DEPTH _____ CASING SIZE & WEIGHT 5 1/2
 CASING DEPTH _____ DRILL PIPE _____ TUBING 2 3/8 OTHER 5 1/2 / 8 5/8
 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 35sks 60/40 pos 4% gel 3% salt w/ hulls, wait on cement 1 1/2 hrs. Tag cement @ 2926. Run to 4020' mix 100sks cement w/ 8% gel & cement circulated but fell back wait 1 1/2 hrs. - wait 2 hrs. mix 75sks cement w/ 4% gel & hulls wait on cement. mix 140sks cement with 4% gel & hulls down open 5 1/2 casing and fill to surface from 403' and fill 5 1/2 / 8 5/8 to surface.
 TOTAL 350SKS Thanks Ruzzo & crew

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
660451	1	PUMP CHARGE	1900.00	1900.00
660002	65	MILEAGE	215	N/C
660710	15 tow	Tow mileage delivery	122	1706.22
660853	5 hrs	80 SKL UAC Truck	100.00	500.00
66529	350SKS	60/40 pos 4% gel	16.00	5600.00
66529	1100#	Calcium chloride	1.25	1375.00
66080	200#	10th grad hulls	1.50	100.00
		Subtotal		11181.22
		disc	50%	5590.62
		Subtotal		5590.62
		SALES TAX		265.32
		ESTIMATED TOTAL		5,855.95

SCANNED

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.