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** 

1036101

March 2009 Type or Print on this Form Form must be Signed All blanks must be Filled

Form CP-4

## WELL PLUGGING RECORD K.A.R. 82-3-117

Address 2:	OPERATOR: License #:	API No. 15
Address 2:	Name:	Spot Description:
City:	Address 1:	Sec Twp S. R East West
Contact Person:	Address 2:	Feet from North / South Line of Section
Phone: ( )	City: State: Zip: +	Feet from East / West Line of Section
Type of Well: (Check one)  Oil Well  Gas Well  OG  D&A  Cathodic    Water Supply Well  Other:  SWD Permit #:  County:  Lease Name:  Well #:    ENHR Permit #:  Gas Storage Permit #:  Date Well Completed:  The plugging proposal was approved on:  Date Well Completed:    Producing Formation(s): List All (If needed attach another sheet)  Met attach another sheet)  by:  (KCC District Agent's)    Plugging Commenced:  Plugging Completed:  Plugging Completed:  Plugging Completed:	Contact Person:	Footages Calculated from Nearest Outside Section Corner:
Water Supply Well  Other:  SWD Permit #:  County:  Lease Name:  Well #:    ENHR Permit #:  Gas Storage Permit #:  Date Well Completed:  Date Well Completed:  The plugging proposal was approved on:  Date Well Completed:    Producing Formation(s): List All ( <i>lf needed attach another sheet</i> )  by:  (KCC District Agent's Plugging Commenced:    Depth to Top:  Bottom:  T.D.  Plugging Commenced:    Plugging Completed:  Plugging Completed:	Phone: ( )	NE NW SE SW
	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 ( <i>If needed attach another sheet</i> )  T.D.	Lease Name:  Well #:    Date Well Completed:  (Date)    The plugging proposal was approved on:  (Date)    by:  (KCC District Agent's Name)    Plugging Commenced:  (KCC District Agent's Name)
	Depth to lop: Bottom: T.D	

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 Plug	gging Fees:			
State of	County,	, SS.		
	(Print Name)		or or Operator on abo	
haing first duly sugars an asthe says	That I have lunavulades of the faste	statements, and matters barain contained, and the l	on of the chour departhed	wall in an filed and

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



BILL TO

Pintail Petroleum Ltd. 225 N. Market #300 Wichita, KS 67202

- Acidizing
- Cement
- Tool Rental

TERMS	Well No.	Lease	County	Contractor	Well Type	w	ell Category	Job Purpose	Operator
Net 30	#1-6	Ruby	Ness	Fritzler Trucking	Oil		Workover	РТА	Brett
PRICE REF. DESCRIPTION						Y	UM		AMOUNT
575W 576W-P 581W 583W 328 275 290	Pi Si C D Si Si	lileage - 1 Way imp Charge - PTA rayage wift Light 60/40 Po otton Seed Hulls -Air ubtotal ales Tax Ness Cou	oent ozmix (4% Gel	)	31	1 250 5.75	Sacks	5.00 750.00 1.50 1.00 9.00 25.00 35.00 35.00	150.00T 750.00T 375.00T 315.75T 2,025.00T 75.00T 105.00T 3,795.75 201.17
We A	pprec	iate Your	Busines	s!		-	Tota	<u></u> _	

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Ser	Services, Inc.	CITY, STATE, ZIP CODE	ZIP CODE					PAGE	
SERVICE LOCATIONS	KS WELLIPROJECT		Rubu	COUNTY PARSH A)ess	STARE DIV	Jess(it.	DATE 7- 1S-IC	OWNER	    
ri ,		CONTRACTOR Fritzla	er Trickin I	RIGHAMEND.	SHIPPED	DELNERED TO 1) R.m. wach	ORDER NO.		
		- <u>-</u>	- -	Plus to Abarchan		WELL PERMITINO.	WELL LOCATION	11 35	P.S.J. SC
REFERRAL LOCATION									
PRUCE Reference	SECONDARY REFERENCEJ PART NUMBER	LOC ACCT	5	DESCRIPTION		OTY. UM OTY.	UNIT UNIT		ANOUNT
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581			Service	CLARGE CEME	nt 12	250 Istes		120	37500
583		-	Drayage	0	10	JISTATIN		8	315 79
328			Sw. Hick	ht 60/40 Pozmix 4% Ge		225/2/2		9 <u>80</u> 2(	2025 Dê
275			Cotton S	ed Nu	-	JEKG	5	2,5100	74 <u>10</u> 0
290						3kel	35	8	10500
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LEGAL TERMS:	LEGAL TERMS: Customer hereby acknowledges and agrees to	es and agrees to			SURVEY	AGREE DECOED AGREE	<b></b>		_
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but are not limited to, PAYMENT, LIMITED WARRANTY provisions	but are not limited to, PAYMENT, RELEASE, INDEMNITY, and LIMITED WARRANTY provisions	NDEMNITY, and			WE UNDERSTOOD AND MET YOUR NEEDS?				
MUST BE SIGNED BY CU.	MUST BE SIGNED BY CUSTOMER OR CUSTOMER'S AGENT PRIOR TO	)RTO	SWIFT SEI	SWIFT SERVICES, INC.	UUR SERVICE WAS PERFORMED WITHOUT DELAY?	ELAY?		╡	-+
START OF WORK OR DEL V	LIVERY OF GOODS				WE OPERATED THE EQUIPMENT Cal Duatorsmed Job Cal Culations Satisfactiory 7	PMENT	LISS TW 70	50	Z01 17
	<b>F</b> .	A AM.		000	REYOU SATISFIED WITH	HOUR SERVICE? Yes DAO	)	-	
. 81-7	10 1 01:00		1-001	102-130-2300	CUSTOMER I	CUSTOMER DID NOT WISH TO RESPOND			3996 92
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3	rett (crsai							The	Thank You!
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JOB LC					SWIFT	Serv	ices, Inc.	DATE Z - 18-10 PAGE NO.
Lint-	Iletre	len	WELL NO.		K. n. b.		Plug to Abardon	TICKET NO.
CHART NO.	TIME	RATE (SPM)	VOLUME (BBL) (GAL)	PUMPS T C	PRESSUR	E (PSI) CASING	DESCRIPTION OF OPERATION A	
	0830						On Location	
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