



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

KANSAS CORPORATION COMMISSION 1042257
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



CHARGE TO: Bowman Oil Co.
 ADDRESS _____
 CITY, STATE, ZIP CODE _____

TICKET
18237

PAGE 1 OF 1

1. <u>Hays, Ks</u>	WELL/PROJECT NO. <u>A-1</u>	LEASE <u>Kraus D</u>	COUNTY/PARISH <u>ELLIS</u>	STATE <u>Ks.</u>	CITY _____	DATE <u>8-10-10</u>	OWNER _____
2. <u>Ness City, Ks</u>	TICKET TYPE <input checked="" type="checkbox"/> SERVICE <input type="checkbox"/> SALES	CONTRACTOR <u>Co Reg</u>	RIG NAME/NO. _____	SHIPPED VIA <u>CT</u>	DELIVERED TO <u>w/ Hays, Ks</u>	ORDER NO. _____	
3. _____	WELL TYPE <u>Oil</u>	WELL CATEGORY <u>Workover</u>	JOB PURPOSE <u>PTA- old well</u>	WELL/PERMIT NO. _____	WELL LOCATION _____		
4. _____	REFERRAL LOCATION _____	INVOICE INSTRUCTIONS _____					

PRICE REFERENCE	SECONDARY REFERENCE/ PART NUMBER	ACCOUNTING			DESCRIPTION	QTY.		UNIT PRICE		AMOUNT
		LOC	ACCT	DF		QTY.	UM	QTY.	UM	
575		1			MILEAGE #113	30	mi	500		15000
576 P		1			Pump Charge - PTA	1	ea	75000		75000
290		1			D. AIR	6	gal	3500		21000
275		1			Cotton Seed Hulls	7	SKS	500	lbs	17500
279		1			Bentonite Gel	20	SKS	2000	lbs	50000
328-4		2			10/40 Poz, 40% gel	270	SKS	975		263250
581		2			Service Charge	450	SKS	37814	lbs	167500
583		2			Drayage	597.21	Tm	39814	lbs	59721

LEGAL TERMS: Customer hereby acknowledges and agrees to the terms and conditions on the reverse side hereof which include, but are not limited to, **PAYMENT, RELEASE, INDEMNITY, and LIMITED WARRANTY** provisions.

MUST BE SIGNED BY CUSTOMER OR CUSTOMER'S AGENT PRIOR TO START OF WORK OR DELIVERY OF GOODS

x Don Bowman dg Dowl
 DATE SIGNED 8-10-10 TIME SIGNED _____ A.M. P.M.

REMIT PAYMENT TO:
 SWIFT SERVICES, INC.
 P.O. BOX 466
 NESS CITY, KS 67560
 785-798-2300

SURVEY	AGREE	UN-DECIDED	DIS-AGREE	PAGE TOTAL	
OUR EQUIPMENT PERFORMED WITHOUT BREAKDOWN?					5768971
WE UNDERSTOOD AND MET YOUR NEEDS?					
OUR SERVICE WAS PERFORMED WITHOUT DELAY?					
WE OPERATED THE EQUIPMENT AND PERFORMED JOB CALCULATIONS SATISFACTORILY?				ELLIS TAX 6.3%	35845
ARE YOU SATISFIED WITH OUR SERVICE?	<input type="checkbox"/> YES	<input type="checkbox"/> NO		TOTAL	604816
<input type="checkbox"/> CUSTOMER DID NOT WISH TO RESPOND					

CUSTOMER ACCEPTANCE OF MATERIALS AND SERVICES The customer hereby acknowledges receipt of the materials and services listed on this ticket.
 SWIFT OPERATOR Don Bowman APPROVAL _____
 Thank You!

JOB LOG

SWIFT Services, Inc.

DATE 8-10-10 PAGE NO. 1

CUSTOMER Bowman Oil Co WELL NO. A-1 LEASE Kraus D JOB TYPE PTA-OLD WPA TICKET NO. 18237

CHART NO.	TIME	RATE (BPM)	VOLUME (BBL) (GAL)	PUMPS		PRESSURE (PSI)		DESCRIPTION OF OPERATION AND MATERIALS
				T	C	TUBING	CASING	
	0900							On location
	1000		5 35 18 1					Set up Tubs (Have cir) Tbg @ 2700' - Pump 5 H ₂ O Ahead Mixed 30 SKS Gel & follow with 50 SKS 60/40 Pz, 100' Hull Displ 1 BBL H ₂ O (Have cir) Rig Pull tbg to 2050
	10:45		30					Tbg @ 2050' - Pump 100 SKS 60/40 4% gel (with cir) 200' Halls Rig Pull tbg to 1000' Pump 100 SKS 60/40 Pz, 4% gel with 100 Pz Halls / Have good cir.
	11:15		25					Cent cir to Pit with Halls
	11:30					8 7/8 100		Rig pull all tbg (5 SKS) Press Ann on 8 7/8 - Held 100
						5 1/2 220		Pump Down 5 1/2 casing with 15 SKS Casing 200'
	1300							Job complete Wash up & Reelup
								(Go to top off last PTA) 2 BBL wt
								Thanks - Don Long to PTA
	1400							