

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

the same are true and correct, so help me God.

KANSAS CORPORATION COMMISSION OIL & GAS CONSERVATION DIVISION

1047081

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 #:				API No. 15	5						
Name:				Spot Desc	ription:						
Address 1:					Sec 7	wp S.	R East West				
Address 2:					Feet from	North /	South Line of Section				
City:	State:	Zip:+			Feet from	East /	West Line of Section				
Contact Person:				Footages Calculated from Nearest Outside Section Corner:							
Phone: ()					NE NW	SE	SW				
Type of Well: (Check one)	Oil Well Gas Well	OG D&A Cathodi	ic	County:							
Water Supply Well	Other:	SWD Permit #:		-			Well #:				
ENHR Permit #:	Gas Sto	rage Permit #:									
Is ACO-1 filed? Yes	No If not, is well	l log attached? Yes	No	Date Well Completed:(Date, The plugging proposal was approved on:(Date,							
Producing Formation(s): List A	All (If needed attach another	sheet)					(KCC District Agent's Name)				
Depth to	o Top: Botto	m: T.D		•							
Depth to	o Top: Botto	m: T.D									
Depth to	o Top: Botto	m:T.D		Plugging C	completea:						
Show depth and thickness of	all water, oil and gas forma	ations.									
Oil, Gas or Water	r Records		Casing I	Record (Surfa	ace, Conductor & Prod	uction)					
Formation	Content	Casing	Size		Setting Depth	Pulled Out	t				
cement or other plugs were u	sed, state the character of	same depth placed from (bot	ttom), to (top) for each	n plug set.						
Plugging Contractor License #	#:		Name: _								
Address 1:			Address	2:							
City:				State:		Zip:	+				
Phone: ()				-							
Name of Party Responsible for	or Plugging Fees:										
State of	County, _			, ss.							
	,				ployee of Operator or	05	or on above-described well,				
	(Print Name)			_ <u></u> Em	pioyee of Operator of	Operato	n on above-described Well,				

Submitted Electronically

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



CHARGE TO:		1. 4.00
John J. Darrah	7.00	
CITY, STATE, ZIP CODE		1 1000

TICKET 19327

PAGE	OF
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2011100	3, 2100					
SERVICE LOCATIONS	WELL/PROJECT NO.	LEASE	COUNTY/PARISH	STATE CITY	DATE OWNER	
1. Hays, Ks	9-10	Masgrave	Trego	Ks	11.8-10	
2. Noss City Ko	TICKET TYPE CONTRACT SERVICE SALES	- 5) 10- 5	RIG NAME/NO.	SHIPPED DELIVERED TO VIA	ORDER NO.	
3.	WELL TYPE	WELL CATEGORY	JOB PURPOSE	WELL PERMIT NO.	WELL LOCATION	
4.	OH	Workover	Plug To Abbuchen			
REFERRAL LOCATION	INVOICE INSTRUCTIONS				•	
PRICE SE	CONDARY REFERENCE/	ACCOUNTING	DESCRIPTION	10	UNIT AMOUN	JT.

PRICE	SECONDARY REFERENCE/	REFERENCE/ ACCOUNTING		G	DECORPORION	100				UNIT		
REFERENCE	PART NUMBER	LOC	OC ACCT		DESCRIPTION	QTY.	U/M	QTY.	U/M	PRICE	AMOUNT	
575		1			MILEAGE	40	Mi			500	200,00	
576 P		1			Pung Charge - PTA	1	190			75000	75000	
275		1			Rotton Sweet Halls	3	5Ks	200	163	2500	7500	
279		1		20	Boutonite Col	8	sks	800	165	2500	20000	
280		j			D-AIR	3	gal	-		3500	105 00	
							<u> </u>					
328-4		2			60/40 Poz , 4% Cel	180	5Ks	378/5	lbs:	9175	17550	
581		2			Service Charge - Comout File	180	SES	37815	lbs	1,50	27000	
583		2			Dreyese	7000	1	38815		100	77630	
	Customer hereby acknowled				DEMIT DAYMENT TO	SURVEY		REE DECIDED		PAGE TOTAL		

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 DEJIVERY OF GOODS

TIME SIGNED

REMIT PAYMENT TO:

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

114.3	THU ST	5815	105	100	776	30
SURVEY	AGREE	UN- DECIDED	DIS- AGREE			
OUR EQUIPMENT PERFORMED WITHOUT BREAKDOWN?				PAGE TOTAL	4131	 3入
WE UNDERSTOOD AND MET YOUR NEEDS?						I
OUR SERVICE WAS PERFORMED WITHOUT DELAY?				/		
WE OPERATED THE EQUIPMENT AND PERFORMED JOB CALCULATIONS SATISFACTORILY?				TAX O	280	93
ARE YOU SATISFIED WITH OUR SE		NO				İ
☐ CUSTOMER DID NOT	WISH TO R	ESPOND		TOTAL	4412	23

CUSTOMER ACCEPTANCE OF MATERIALS AND SERVICES The customer hereby acknowledges receipt of the materials and services listed on this ticket.

APPROVAL

☐ A.M.

☐ P.M.

Thank You!

SWIFT Services, Inc. **JOB LOG** WELL NO. 9-10 CUSTOMER JOB TYPE PTA eld Well TICKET NO. /8327 John T. Darreh Musgrave CHART NO. PUMPS VOLUME (BBL) (GAL) PRESSURE (PSI) DESCRIPTION OF OPERATION AND MATERIALS TUBING Cocation - Ris running 23/4 tog to bottom 11:30 12:15 TB9 @ 3970 3 3 3 1600