



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

KANSAS CORPORATION COMMISSION 1049574
 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

Mail to: KCC - Conservation Division, 130 S. Market - Room 2078, Wichita, Kansas 67202



CHARGE TO: CD Drilling
 ADDRESS:
 CITY, STATE, ZIP CODE:

TICKET
19979

PAGE 1 OF 1

SERVICE LOCATIONS: Wb of B WELPROJCT NO. A LEASE Albin COUNTY/PARISH bone STATE MS CITY Pendora's DATE 30 DEC 10 OWNER
 1. Wb of B
 2. Albin
 3. bone
 4. Pendora's
 TICKET TYPE: SERVICE SALES CONTRACTOR
 RIG NAME NO.
 WEL TYPE: 1 WEL CATEGORY: workover JOB PURPOSE: Plug to Abandon DELIVERED TO: location ORDER NO.
 REFERRAL LOCATION: 16-14-27W WEL PERMIT NO. WEL LOCATION

PRICE REFERENCE	SECONDARY REFERENCE/ PART NUMBER	ACCOUNTING			DESCRIPTION	QTY.	UM	QTY.	UM	UNIT PRICE	AMOUNT
		LOC	ACCT	DF							
575					MILEAGE	50	mi.			5.00	250.00
576P					TRK 114	1	ea			750.00	750.00
308-4					Pump Charge	1	ea			9.75	2730.00
290					60/90 gravis 4/6	3	gal			35.00	105.00
275					D-APR	300	lb			25.00	75.00
581					cotton seed balls	325	sk			1.50	487.50
583					severe charge	373025	lb			680.00/TM	680.00
					Drayage					1.00	680.00

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

DATE SIGNED: 1/30 TIME SIGNED: A.M. P.M.

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

SURVEY
 OUR EQUIPMENT PERFORMED WITHOUT BREAKDOWN?
 WE UNDERSTOOD AND MET YOUR NEEDS?
 OUR SERVICE WAS PERFORMED WITHOUT DELAY?
 WE OPERATED THE EQUIPMENT AND PERFORMED JOB CALCULATIONS SATISFACTORILY?
 ARE YOU SATISFIED WITH OUR SERVICE?
 CUSTOMER DID NOT WISH TO RESPOND

PAGE TOTAL: 5877 DIS-AGREE: 56
 TAX: 8.05% TOTAL: 5486.30

CUSTOMER ACCEPTANCE OF MATERIALS AND SERVICES: [Signature] APPROVAL

The customer hereby acknowledges receipt of the materials and services listed on this ticket.

Thank You!

JOB LOG

SWIFT Services, Inc.

DATE 30 DEC 1982 PAGE NO. 1

CUSTOMER LD Drilling WELL NO. A LEASE Albin JOB TYPE Plug to Abandon TICKET NO. 19979

CHART NO.	TIME	RATE (BPM)	VOLUME (BBL) (GAL)	PUMPS		PRESSURE (PSI)		DESCRIPTION OF OPERATION AND MATERIALS
				T	C	TUBING	CASING	
								225 225 stks w/ 60/40 49% poz 4 1/2" casing 4135TD pips 3980-84
	1000							on loc TRK 114 backside cemented up back to casing
	1030	4					0	mix 60/40 poz 49% 13.1 ppg mix 300 lbs cotton seed hulls
		2	15				500	h.7 pressure
	1040	2	62				400	Kick out 240 stks mixed 300 lbs hulls
	1040		64					5 min hold 100 psi
								Release pressure
								wash up track
	1110							cement still at surface
	1130							job complete
								Thanks Joe Dave & Blaine

