



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

KANSAS CORPORATION COMMISSION 1060948  
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



Services, Inc.

CHARGE TO: Bushman Oil  
 ADDRESS  
 CITY, STATE, ZIP CODE

WELL/PROJECT NO. #3  
 CONTRACTOR MILLER ESTATES  
 RIG NAME NO. HODGEMAN  
 CITY STATE HAUSTON, KS  
 DATE ORDER NO. 895Jug11  
 WELL LOCATION IN, 2W, N 1E 10  
 WELL TYPE OIL  
 WELL CATEGORY ABANDON  
 JOB PURPOSE TIA  
 INVOICE INSTRUCTIONS

PRICE REFERENCE SECONDARY REFERENCE/ PART NUMBER ACCOUNTING

PRICE REFERENCE	SECONDARY REFERENCE/ PART NUMBER	ACCOUNTING	DESCRIPTION	QTY.	U/M	UNIT PRICE	AMOUNT
575		1	MILEAGE # 110	1	mi	6.00	6.00
576		1	Pump Charge	1		1000.00	1000.00
290		1	D-AIR	2	gal	35.00	70.00
278		1	CALCIUM CHLORIDE	1	bx	40.00	40.00
328-4		1	100/40 BZ MIX 4% GEL	11	bx	135.70	1357.00
325		1	STANDARD CEMENT	13	bx	10.75	139.75
581		1	SERVICE CHARGE CEMENT	2	bx	70.00	140.00
583		1	DRAINAGE (60/40 for 49%)	1		504.00	504.00
580		1	MINIMUM DRAINAGE (STANDARD)	4780	lbs	95.60	456968.00

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 8/29/01  
 TIME SIGNED 1:30 P.M.  
 REMIT PAYMENT TO:  
 SWIFT SERVICES, INC.  
 P.O. BOX 466  
 NESS CITY, KS 67560  
 785-798-2300

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

SWIFT OPERATOR

PAGE TOTAL 4836.86  
 TOTAL 5196.50

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?  
 YES  NO  
 CUSTOMER DID NOT WISH TO RESPOND

Hodgeman  
 7.45% Tax

TICKET 20947

Thank You!

JOB LOG

SWIFT Services, Inc.

DATE \_\_\_\_\_ PAGE NO. \_\_\_\_\_

CUSTOMER Bowman Oil Co. WELL NO. #3 LEASE MILLER ESTATES JOB TYPE PTA TICKET NO. 20947

CHART NO.	TIME	RATE (BPM)	VOLUME (BBL) (GAL)	PUMPS		PRESSURE (PSI)		DESCRIPTION OF OPERATION AND MATERIALS
				T	C	TUBING	CASING	
	1010							ON LOCATION
	1038							SET PACKER @ 1512' - ISOLATE HOLE HOLE @ APPR. 1400'
	1130							Pull TUBING. PERP @ 1500' - Run TUBING
	<del>1450</del>	3	10 1/2	✓		300		MIX 50SX STD w/ 3% CC @ 1500'
		3	4	✓				DISPLACEMENT Pull TUBING.
	<del>1450</del>							PERFORATE @ 600' Run TUBING <del>MIX 50SX STD w/ 3% CC</del>
	1455	3	25	✓				MIX 95 SX 60D/40 - CIRCULATE Pull TUBING.
	1542	1	4	✓		250		MIX 15 SX PUT DOWN ANNULUS. - SHUT IN
		1	<del>2</del>	✓				TOP WELL OFF - 8 SX
	1558							WASH TRUCK
								RACK TRUCK up.
	1630							JOB COMPLETE.
								THANKS # 110
								JASON DAVID LANE ROB