



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

KANSAS CORPORATION COMMISSION 1062662
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: Brown O.I. Co.
 ADDRESS:
 CITY, STATE, ZIP CODE:

PAGE 1 OF 1

TICKET

19748

SERVICE LOCATIONS
 1. Hayes, KS
 2. Ness City, KS
 3. Oil
 4. REFFERAL LOCATION

WELL/PROJECT NO. #2
 LEASE N.A.
 COUNTRY/PARISH KS
 STATE KS
 CITY Location

TICKET TYPE SERVICE SALES
 CONTRACTOR Pracy
 RIG NAME/NO. Fills
 SHIPPED 27
 DELIVERED TO Location
 WELL PERMIT NO. PTA
 WELL LOCATION Location

DATE 8-15-11
 OWNER Samm
 ORDER NO. 54414

INVOICE INSTRUCTIONS

PRICE REFERENCE	SECONDARY REFERENCE/ PART NUMBER	ACCOUNTING	DESCRIPTION	QTY.	U/M	QTY.	U/M	UNIT PRICE	AMOUNT
575		1	MILEAGE #111	30	mi			6.00	180.00
576P		1	Pump Change (PTA)	1	ea	3500		1000.00	1000.00
275		1	Coil/Seed Halls	2	sks			25.00	175.00
290		1	D-Air	3	gal			35.00	105.00
328-4		2	Coil/Box mix 40 gal	300	sks			11.50	3450.00
581		2	Coil/Service Charge	300	sks			2.00	600.00
583		2	Drayage	376	VM			1.00	376.00

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 8-16-11
 TIME SIGNED 10:00
 A.M. P.M.

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

REMIT PAYMENT TO:

SURVEY
 OUR EQUIPMENT PERFORMED WITHOUT BREAKDOWN? YES NO
 WE UNDERSTOOD AND MET YOUR NEEDS? YES NO
 OUR SERVICE WAS PERFORMED WITHOUT DELAY? YES NO
 WE OPERATED THE EQUIPMENT AND PERFORMED JOB CALCULATIONS SATISFACTORILY? YES NO
 ARE YOU SATISFIED WITH OUR SERVICE? YES NO
 CUSTOMER DID NOT WISH TO RESPOND

PAGE TOTAL 1 5882.00
 PAGE 2 3608.50
 subtotal 9494.50
 ELLIS TAX 598.15
 TOTAL 10092.65

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

APPROVAL M. H. H. H.
 SWIFT OPERATOR

Thank You!



Switzer, Inc

PO Box 466
Ness City, KS 67560
Off: 785-798-2300

TICKET CONTINUATION

TICKET No. 19798

CUSTOMER Rowman D. / Co.

WELL Peavy "A" #3

DATE 8-16-11

PAGE 2 OF 2

PRICE REFERENCE	SECONDARY REFERENCE/ PART NUMBER	ACCOUNTING			TIME	DESCRIPTION	WELL		UNIT PRICE	AMOUNT		
		LOC	ACCT	DF			QTY	UM			QTY	UM
503		1				C-cu Mileage	30	mi	2.00	60.00		
576-P		1				Pump Charge	1	per	1000.00	1000.00		
290		1				D.A.P.	1	per	35.00	35.00		
275		1				Co Harscoed Halls	4	shs	25.00	100.00		
275 328-4		2				Co Peromix 49/age 1	125	shs	11.50	1437.50		
581		2				SERVICE CHARGE			2.00	600.00		
583		2				MILEAGE CHARGE			1.00	376.00		
SERVICE CHARGE MILEAGE CHARGE TOTAL WEIGHT LOADED MILES CUBIC FEET TON MILES							3003 shs	30				

CONTINUATION TOTAL 3608.50

JOB LOG

SWIFT Services, Inc.

DATE 8-15-11 PAGE NO. 1

CUSTOMER *Banner Oil Co* WELL NO. *42* LEASE *Peavey A* JOB TYPE *PTA* TICKET NO. *19748*

CHART NO.	TIME	RATE (BPM)	VOLUME (BBL) (GAL)	PUMPS		PRESSURE (PSI)		DESCRIPTION OF OPERATION AND MATERIALS
				T	C	TUBING	CASING	
	1415							on loc set up Trks
								T.D. 7300 Tbg 1st Plug 3250' 50sks
	1515	5	0			50		start Cement 50sks ⁶⁰ / ₄₀ Poz 4 ⁹ / ₁₆ gal 200 th Halls
		5	13/0			50		End Cement/start wtr
	1520		3					Balanced no circulation
	1605	5	0					2nd Plug 1200' 100sks ⁶⁰ / ₄₀ Poz 150 th Halls
		5	26/0			50		start Cement
	1610		3			50		start wtr Balanced no circulation
	1640	5	0					3rd Plug 200'
		5	42/0					start Cement 150sks ⁶⁰ / ₄₀ Poz 150 th Halls
	1650		3					start wtr shut down no circulation
	0830							8-16-11 Return to Loc. Tag cement @ 1175' Tbg @ 1150'
	0910	5	0			50		Start Cement 100sks ⁶⁰ / ₄₀ Poz 4 ⁹ / ₁₆ gal 225 th Halls
		5	25/0			150		Circulate Cement/start wtr
	0915		1					End TOOH w/ Tbg
	0940	1.5	0					Top off start Cement 25sks ⁶⁰ / ₄₀ Poz 4 ⁹ / ₁₆ gal Hole Fall
			3					425sks ⁶⁰ / ₄₀ Poz 4 ⁹ / ₁₆ gal 800 th Halls
								Thank you Nick, Josh F., Rob & Lane