



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

KANSAS CORPORATION COMMISSION 1089270
 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



Pioneer Unsurpassed Service. Premium Equipment. The Best People.

Service Order No. **1 - 3786**
 Date: 7-9-2012
 Phone: (785) 625 - 3858 Fax: (785) 625 - 8635

Customer Info	Company L D DRILLING			Customer Order # Verbal Q/W			
	Billing Address				City	ST	Zip
Well Info	Lease & Well # BAHR NO. 1			Field Name		Legal Description (coordinates) 17-185-15W	
	Nearest Town ALBERT	County / Parish BARTON	ST Ks	Rlg	Permit #	Price Zone	
	Fluid	Level (surf.)	Reading from 5' A6L	Customer T.D. 3558	Pioneer T.D.	Elevation 1957	Casing Size 4.5" Casing Weight
Crew	Engineer STAN LINENBERGER	Truck Driver STAN LINENBERGER	Crew Members DEAN HERZOG			Unit # 3	Miles

Product Code	Description	Q-ty	Unit Price	Depth		\$ Amount
				From	To	
	Perforate 3 1/8" HEC 1x2	2		1550	1550.5	1000 ⁰⁰
	Perforate 3 1/8" HEC 1x2	2		860	860.5	1000 ⁰⁰
	Perforate 3 1/8" HEC 1x2	2		250	250.5	1000 ⁰⁰
<i>149,200.00</i>						
	1547.5	856.5	247.5			
	2.5	3.5	2.5			
	1550	860	250			
	TRUCK RENTAL #3					950⁰⁰

THE UNDERSIGNED HEREBY CERTIFIES THAT HE HAS FULL AUTHORITY TO ENTER INTO THIS CONTRACT ON BEHALF OF THE CUSTOMER AND AGREES TO THE TERMS AND CONDITIONS SET FORTH ON THE REVERSE SIDE HEREOF.

Customer Approval
Mike Kussman
 Name Printed Signature / Date

Pioneer Field Representative
STAN LINENBERGER *7-9-12*
 Name Printed Signature / Date

SUBTOTAL	3950 ⁰⁰
DISCOUNT	1962 ⁻
SUBTOTAL	1988 ⁰⁰
TAX	145.12
NET TOTAL	2133.12

PO Mt 7-11-12

PIONEER OFFICE USE ONLY - Manager Approval
CM 7-10-12
 Name Printed Signature / Date