



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

KANSAS CORPORATION COMMISSION 1102579
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

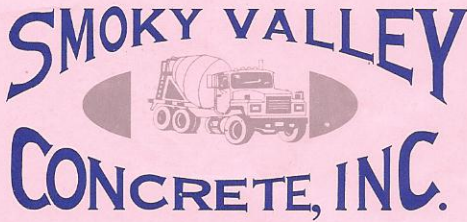
Describe in detail the manner in which the well is plugged, indicating where the mud fluid was placed and the method or methods used in introducing it into the hole. If cement or other plugs were used, state the character of same depth placed from (bottom), to (top) for each plug set.

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



SMOKY VALLEY CONCRETE, INC.

P.O. Box 1884
 1700 W. State Street
 Salina, KS 67402-1884

Phone 785-820-8113
 Fax 785-820-9887

No. 032882

CUSTOMER ID	P.O. NUMBER	TRUCK 5	DRIVER DOE	TIME 10:39 AM	DATE 1/25/13	TICKET 1	
SOLD TO SCOTT'S WELL			DELIVER TO MOFFAT RD.		TIME ARRIVED	FINISHED UNLOADING	
					STARTED UNLOADING	ARRIVED AT PLANT	
QUANTITY THIS LOAD	QUANTITY ORDERED	QUANTITY DELIVERED	PRODUCT CODE	PRODUCT DESCRIPTION	UNIT OF MEASURE	UNIT PRICE	EXTENDED PRICE
			WELL	WELL SLURRY			
GENERAL TERMS AND CONDITIONS OF DELIVERY					SUB TOTAL		
Unloading time 1 hour per 10 cubic yards. All excess waiting time will be charged at the rate of \$60.00 per hour. There will be a minimum charge of \$60.00 per hour or fraction thereof for each hour or part of an hour that the truck is held after the first 60 minutes. TIME IN: _____ TIME OUT: _____ WAITING TIME: _____ CYLINDERS TAKEN: _____					TAX		
					DELIVERY		
					TOTAL		

Purchaser: Note - Important Information

- This load of concrete is produced in accordance with standard Specifications for Ready Mixed Concrete, A.S.T.M. Designation C-94-81 and the quality is guaranteed to be as indicated on this ticket tested in accordance with these Specifications.
- WE DO NOT GUARANTEE FINISHED RESULTS obtained from this load of concrete, as many important factors affecting the ultimate quality of the completed job are out of our control.
- DELIVERIES MADE ON PRIVATE PREMISES ONLY AT PURCHASER'S RISK. We will not assume responsibility for any damage caused by our trucks when required to make delivery anywhere off a paved public street or roadway.
- Any claim of the purchase must be made in writing within 48 hours from the time of delivery.

Drivers are not permitted to add water to the mix to exceed the maximum slump. Additional water added to this concrete will reduce its strength. Any water added is at Customer's risk.

WATER ADDED ON JOB _____ gals.
 I AGREE TO THE TERMS AND CONDITIONS OF THIS DELIVERY:

 CUSTOMER'S REPRESENTATIVE

FINISHER

A 1 1/2% per month (18% Annual Percentage Rate) finance charge will be added to unpaid balance after 30 days. If not paid in 60 days your account will be turned over to a collection agency.

FAILURE TO MAKE A PAYMENT IS A DEFAULT DELINQUENCY AND DEFAULT
 I agree to pay the costs incurred to collect this bill in the event of my default in payment, including reasonable attorney's fees.

CAUTION

Freshly mixed cement, mortar, grout, or concrete can cause skin irritation. Avoid direct contact where possible and wash affected areas promptly with water.

If any contaminated material gets into the eyes, rinse immediately and repeatedly with water and get prompt medical attention.

MSDS AVAILABLE UPON REQUEST

Smoky Valley Concrete, Inc.

P.O. Box 1884

Salina, KS 67402-1884

Statement

Date
1/31/2013

To:
Scott's Well Service Jeff Scott P.O. Box 136 Roxbury, KS 67476

Amount Due	Amount Enc.
\$938.88	

Date	Transaction	Amount	Balance
12/31/2012	Balance forward		0.00
01/25/2013	INV #32882. --- Oil Well Slurry Mix, 3.5 @ \$250.00 = 875.00 --- Tax: Saline County @ 7.3% = 63.88	938.88	938.88
<i>Pd 2-1-13 ck# 7396</i>			

CURRENT	1-30 DAYS PAST DUE	31-60 DAYS PAST DUE	61-90 DAYS PAST DUE	OVER 90 DAYS PAST DUE	Amount Due
938.88	0.00	0.00	0.00	0.00	\$938.88