



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

KANSAS CORPORATION COMMISSION 1127736
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

JOB LOG

SWIFT Services, Inc.

DATE 21 MAR 13 PAGE NO.

CUSTOMER GRAND MESA WELL NO. 1-33 LEASE KLAUS-CAMPBELL JOB TYPE PTA TICKET NO. 24241

CHART NO.	TIME	RATE (BPM)	VOLUME (BBL) (GAL)	PUMPS		PRESSURE (PSI)		DESCRIPTION OF OPERATION AND MATERIALS
				T	C	TUBING	CASING	
	1345							ON LOCATION
	1445	4	16		✓			MIX 10D SX 10D/4D 4% w/300# HULLS
		4	36		✓			MIX 12 SX GEL
		4	103 1/2		✓			MIX 24D SX 10D/4D 4% GELL
							700	SHUT WELL IN.
	1533		2 1/2		✓		500	LOAD ANNULUS - PSI up. - 10 SX
	1550							WASH TRUCK
								310 SX 10D/4D P02 4% GEL USED
	1630							JOB COMPLETE
								THANKS #115
								JASON JEFF ISAAC



P. O. Box 466
 Ness City, KS 67560
 Off: 785-798-2300

MAR 25 2013

Invoice

DATE	INVOICE #
3/21/2013	24241

BILL TO
Grand Mesa Operating Company 1700 North Waterfront Parkway Building 600 Wichita, KS 67206

- Acidizing
- Cement
- Tool Rental

TERMS	Well No.	Lease	County	Contractor	Well Type	Well Category	Job Purpose	Operator
Net 30	#1-33	Klaus-Campb...	Gove		Oil	Workover	PTA	Jason
PRICE REF.	DESCRIPTION				QTY	UM	UNIT PRICE	AMOUNT
575W	Mileage - 1 Way				80	Miles		
576W-P	Pump Charge - PTA				1	Job		
275	Cotton Seed Hulls				3	Sack(s)		
290	D-Air				3	Gallon(s)		
279	Bentonite Gel				12	Sack(s)		
328-4	60/40 Pozmix (4% Gel)				310	Sacks		
581W	Service Charge Cement				330	Sacks		
583W	Drayage				1,109.24	Ton Miles		
	Subtotal							
	Sales Tax Gove County						8.05%	
We Appreciate Your Business!							Total	