



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

KANSAS CORPORATION COMMISSION 1133479  
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: Bill Governor Oil

ADDRESS

CITY, STATE, ZIP CODE

PAGE 1 OF 1

TICKET No 24037

1. SERVICE LOCATIONS  
WELL/PROJECT NO. Hays ks  
LEASE COUNTY/PARISH Ellis  
STATE CITY ks  
DATE 4-3-13 OWNER

2. CONTRACTOR Gerns  
TICKET TYPE SERVICE  
RIG NAME/NO. H5  
DELIVERED TO location  
ORDER NO.

3. WELL TYPE  
WELL CATEGORY workover  
JOB PURPOSE PTA  
WELL PERMIT NO.  
WELL LOCATION

4. REFERRAL LOCATION  
INVOICE INSTRUCTIONS  
0:1  
WELL TYPE  
WELL CATEGORY workover  
JOB PURPOSE PTA  
WELL PERMIT NO.  
WELL LOCATION

PRICE REFERENCE	SECONDARY REFERENCE/ PART NUMBER	ACCOUNTING	LOC	ACCT	DF	DESCRIPTION	QTY.	UM	QTY.	UM	UNIT PRICE	AMOUNT
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575			1			MILEAGE #112	30	m.	6	cc	182	cc
576			1			Pump charge PTA	1	gal	1000	cc	1000	cc
275			1			Cotton Seed Halls	10	sc	25	cc	252	cc
290			1			O Ar	4	gal	35	cc	140	cc
28-4			2			60/40 Pozmix 4% Grei	396	sk	11	cc	4542	cc
581			2			Service Charge Lament	400	sk	2	cc	800	cc
583			2			Drayage	1006.80	TM	1	cc	1006.80	cc

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

X Don B...  
DATE SIGNED 4-3-13  
TIME SIGNED 0900  
P.M.

REMIT PAYMENT TO:  
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.

SWIFT OPERATOR

SURVEY		AGREE	UN- DIS- AGREE	DIS- AGREE
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?	<input type="checkbox"/> YES	<input type="checkbox"/> NO		
CUSTOMER DID NOT WISH TO RESPOND				
PAGE TOTAL	7919	30		
TOTAL	8418	22		

Thank You!

