

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

KANSAS CORPORATION COMMISSION OIL & GAS CONSERVATION DIVISION

1144678

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 #:			API No	o. 15					
				Spot Description:					
Address 1:				Sec Tv	vp S. R East West				
Address 2:				Feet from North / South Line of Se					
City:	State:	Zip:+							
Contact Person:			Footag						
Phone: ()									
Type of Well: (Check one)	Oil Well Gas Well	OG D&A Cathod	ic County	<i>.</i>					
Water Supply Well	Other:	SWD Permit #:	1						
ENHR Permit #:	Gas Sto	orage Permit #:		Lease Name: Well #: Date Well Completed:					
Is ACO-1 filed? Yes	No If not, is well	I log attached? Yes	1		oved on: (Date)				
Producing Formation(s): List	All (If needed attach another	r sheet)			(KCC District Agent's Name)				
Depth to	o Top: Botto	om: T.D			,				
Depth to	o Top: Botto	om: T.D		-					
Depth to	o Top: Botto	om:T.D	Fluggii	ig Completed					
Show depth and thickness of	all water, oil and gas forma	ations.							
Oil, Gas or Wate	r Records		Casing Record (S	Surface, Conductor & Produc	ction)				
Formation	Content	Casing	Size	Setting Depth	Pulled Out				
zement of other plugs were u	seu, state the Character Of	same depth placed from (bot	копт, ко (кор) тот е	acii piug set.					
Address 1:			Address 2:						
•					Zip:+				
Phone: ()									
Name of Party Responsible for	or Plugging Fees:								
State of	County, _		, SS.						
	(Drint Mana)			Employee of Operator or	Operator on above-described well,				
	(Delect Messes)			F , 0. Opolatol 01					

Submitted Electronically

the same are true and correct, so help me God.

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



CHARGE TO		
ADDRESS	WARRIDE ZAC	
CITY STATE ZIP CODE		

Agr.	-	v	gen t	-
- 1				
	10.0	n		

Nº 24616

PAGE	OF	
1	11	

Serv	ices, i	Inc.											1	11		
SERVICE LOCATIONS).	WELUPROJECT N		LE	ASE		COUNTY/PARISH	STATE	CITY			DAT	E OW	NER		
179255087,1		TICKET TYPE CO		-		WILLER	GRAHAM	V-		•			5-29-13	SAME		
2.		SERVICE SALES	INTRACT		AGE	E	RIG NAME/NO.	VIA	ED DELIVERED T	OUNT	70.)	ORU	DER NO.			
3.		WELL TYPE	20.00	W	ELL CAT	EGORY JOB	PURPOSE		WELL PERMIT		10/2/		LLOCATION			
4.		071			ABA	LABROAR	PTA					IP	100 Ks - 25	5/4W,	N.E	
REFERRAL LOCATION		INVOICE INSTRUC	TIONS													
PRICE REFERENCE		Y REFERENCE/	-	CCOUNTIN	ingramme:		DESCRIPTION			1		\Box	UNIT	AMOUNT		
	PARI	NUMBER	LOC	ACCT	DF	H			QTY.	U/M	QTY.	U/M	PRICE		1	
	B. J. 192		11		+	MILEAGE 111			40	MI		-	b <u>oo</u>	240	00	
576P			1			PUMP CHARGE				308			1000 00	1000	100	
275			11	Me i		(DMOJSELD	Hous		3	SIS			30100	90	00	
328-4			11			60/40 POZME	x (490 GEL)		. 250	I SVS			11150	2875	00	
279						BEST WIXE GEL	15	SWS			25/00	375	00			
290			1			D-AZR			3	GAL			42.00	126	100	
58)			1			SERVICE CUAR	SE CEMBOT		265	ISVA			2100	530	1	
583			1			DRAKAGE			22475	LAS	449.5	Dist	100	449	50	
						NEW THE REAL				1		1				
LEGAL TERMS:	Customer her	eby acknowled	ges and	agrees t	to	DEMIT DA	VMENT TO		URVEY	AG	DECIDED	DIS- AGREE	PAGE TOTAL			
the terms and cond						REMIT PAYMENT TO: OUR EQUIPME WITHOUT BRE			The state of the s	ACCUPATION OF THE PROPERTY OF			TAGE TOTAL	5685	150	
but are not limited			NDEM	NITY, an	d			WE UNDERST MET YOUR NE								
LIMITED WARRA						SWIFT SEI	RVICES, INC.	OUR SERVICE	WAS WITHOUT DELAY?	,		100				
MUST BE SIGNED BY CU START OF WORK OR DEL			IOR TO						D THE EQUIPMEN MED JOB IS				Graham	dea	1 0	
								CALCULATION	IS RILY?				7.55%	429	120	
X DATE SIGNED	1	TIME SIGNED		D AM:	-	NESS CITY, NS 0/500 AREYOUSATE			SATISFIED WITH OUR SERVICE?				- 18 AV		1	
5.29-	3	143	0	E P.M.		785-7	98-2300	П	CUSTOMER DID N	OT WISH			TOTAL	6114	176	
		CUSTON	ER ACC	EPTANCE	OF M	TERIALS AND SERVICE	S The customer hereby ackn					Sie Bellet				

SWIFT OPERATOR

-1	~	-		2	~
J	u	ы	L	u	G

SWIFT Services, Inc.

DATE 5-29-

	1		WELL NO.	PUMP	00 1	DOCCOUR	E /DOP	
ART O.	TIME	RATE (BPM)	VOLUME (BBL) (GAL)	T	C	PRESSUR TUBING	CASING	DESCRIPTION OF OPERATION AND MATERIALS
	1430							ONLOUTED
			100000					51/2" CASTAG
1								85/8" SURFACE = 211"
							17.50	PERFE-3631 - 3746
								Poar Course = 1754'
						W = 82		
11							8- 5	
	1515	5	13		V		0	PUMP 50 SKS CEMENT W/ 100 " HULLS
		5	46		V			PUMP IS SKS BENTOUTE GEL
		5	46		V		500M	Pump 175 sus COMET W/200" HULLS
			F. 1127-6			Part I		
	1545		21/2	TIE!	/		500	PUMP 10 SKE CEMENT - BRADEN HEAD
							74.57	
	1600		4		1		500	TOP OFF 51/2 15 SUS CEMENT
							100	SHUTZN WASH TRUEK
					10			
	1700		7723					JOB COMPLETE
			No. The Party					
			Blee S					THANK YOU
	188.0							WANDE, NEEK, DOUG
				17.3/			1996	
3							18,0	
	194 292		EN MILE	3				
			No.	12.51				
				100				
			TO SECUL		700			
	14.14		100		10			
					3			