

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

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

## KANSAS CORPORATION COMMISSION OIL & GAS CONSERVATION DIVISION

## 1132703

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. 15																	
												Address 2:				Feet from North / South Line of Sectio						
												City:	State:	Zip:+		Feet from East / West Line of Section						
Contact Person:				Footages Calculated from Nearest Outside Section Corner:																		
Phone: ( )				☐ NE ☐ NW ☐ SE ☐ SW																		
Type of Well: (Check one)	Oil Well Gas Well	OG D&A Cathodi	ic	County:																		
Water Supply Well	Other:	SWD Permit #:		Lease Name: Well #:																		
ENHR Permit #:	Gas Sto	rage Permit #:		Date Well Completed:																		
Is ACO-1 filed? Yes	No If not, is well	l log attached? Yes	No																			
Producing Formation(s): List /	All (If needed attach another	sheet)		by:		(KCC <b>District</b> Agent's Name)																
Depth to	o Top: Botto	m: T.D		Plugging	Commenced:																	
Depth to	•	m: T.D																				
Depth to	o Top: Botto	m:T.D		- 33 3																		
Show depth and thickness of	all water, oil and gas forma	ations.																				
Oil, Gas or Wate	r Records		Casing R	ecord (Surf	ace, Conductor & Produc	ction)																
Formation	Content	Casing	Size		Setting Depth	Pulled Out																
Describe in detail the manner cement or other plugs were u				•		ds used in introducing it into the hole. If																
Plugging Contractor License	#:		Name: _																			
Address 1:			Address 2	2:																		
				State:		Zip:+																
Phone: ( )																						
Name of Party Responsible for	or Plugging Fees:																					
State of	County, _			_ , SS.																		
	(Drint Name)			_ Em	ployee of Operator or	Operator on above-described well,																

Submitted Electronically

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



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



**Invoice** 

DATE	INVOICE #
7/3/2013	24501

**BILL TO** 

Carmen Schmitt, Inc. P. O. Box 47 915 Harrison Great Bend, KS 67530-0047

- Acidizing
- Cement
- Tool Rental

				1	Type		ell Category	Job Purpose	Operator
Net 30 #1	Church & Sh	Lane			Oil	Workover		PTA	Blaine
PRICE REF. DESCRIPTION						,	им	UNIT PRICE	AMOUNT
6W-P Pur 8-4 60// 9 Ber 5 Cot 11 Per 0 D-4 1W Ser 3W Dra	leage - 1 Way mp Charge - PTA 40 Pozmix (4% G ntonite Gel tton Seed Hulls rf-Pac Balls (1.3 S Air vice Charge Ceme ayage  btotal es Tax Lane Cour	ent	17818.000 710/55 Well File	•		50 4 250	Job Sacks Sack(s) Sack(s) Balls Gallon(s)	6.00 1,000.00 11.50 25.00 30.00 1.50 42.00 2.00 1.00	270.00T 1,000.00T 2,587.50T 625.00T 90.00T 75.00T 168.00T 500.00T 479.98T 5,795.48 414.38

SI	NIFT Dices, Inc.	7	CHARGE TO:		armen Schmi	dt						_	KET 45(		
SERVICE LONATIONS 1. 2.	WELUPROJECT TICKET TYPE SERVICE SALES WELL TYPE	CONTRAC	TOR		ely \$ 5 halfer EGGRY , JOBPI	RIG NAME/NO.	VICT	DELIVERED	coti	èn_	OR	DEPNO.	3	NER	
4. REFERRAL LOCATION	INVOICE INSTR	UCTIONS		Mu	to Apandar	Plug to Al	panden	<u> </u>				25-	20	-29	
PRICE REFERENCE	SECONDARY REFERENCE/ PART NUMBER	LOC	ACCOUNTIN	DF		DESCRIPTION		QTY.	U/M	QTY.	u/M	UNIT		AMOUNT	
676		Ī			MILEAGE	TRK 114		45	mi			6	00	270	00
576P		1	<u> </u>		Pump Charg	1 / 1 - 1		/	29			1000	po	1000	00
328-4		1	-	<del> </del>	60/40 pozmi	x (4%gel)		225			$\dashv$		50	2.201	155°
279 275		1	<del> </del>	$\vdash$	Benton Te	<del>301</del>		25 3			+	<u>25</u> 30		625 90	00
261		+5			Peak oak	naus Salle		50	ee		$\vdash$		20	75	
290		Ti		T	Draie	<i>A</i> 1113		4	091			42	≔	168	100
581					service c	nage		250	5k			2	00	500	00
583	×	- 1			Drayage			21332	16	474.8	ועד		00	479	198
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the terms and con-	Customer hereby acknowled	ereof whi	ch include		REMIT PAY	YMENT TO:	OUR EQUIPMENT WITHOUT BREAK	DOWN?	AGRE	E UN- DECIDED	DIS- AGREE	PAGE TOT	AL	5795	44
LIMITED WARR	ISTOMER OR CUSTOMER'S AGENT		INITY, and	1	P.O. B	VICES, INC. OX 466	WE UNDERSTOO MET YOUR NEED OUR SERVICE W. PERFORMED WIT WE OPERATED T AND PERFORMED CALCULATIONS SATISFACTORILY	S? AS 'HOUT DELAY? HE EQUIPMENT ) JOB				Lone TAX 7.15	7.	414	 
DATE SIGNED	TIME SIGNED		□ A.M.	$\dashv$	MESS CHY	', KS 67560	ARE YOU SATISF					† <i>'*</i>	$\dashv$		<del>i </del>

785-798-2300

CUSTOMER ACCEPTANCE OF MATERIALS AND SERVICES The customer hereby acknowledges receipt of the materials and services listed on this ticket

□ NO

CUSTOMER DID NOT WISH TO RESPOND

TOTAL

6209!86

Thank You!

SWIFT OPERATOR

Takmana TIME SIGNED

☐ A.M. ☐ P.M.

Byley

IOB LO					SWIFT	Servi	ces, luc.	DATE 3 Jul 13 PAGPNO.
STOMER	rmen S	chimidt	WELL NO.	41	Church	7 scla	HER JOB TXBE Lig to Albandon	TICKET NO. 2450/
HART NO.	TIME	RATE (BPM)	VOLUME (BBL) (GAL)	PUMPS T C	PRESSURE	(PSI) CASING	DESCRIPTION OF OPERATION	AND MATERIALS
							225 sk 60/40 49/0 201	
							255k Bentonite gel	
							Deys 4552 4/2 cain	·
	0900						on loc YRK 114	
	0938	4	2		<u> </u>	Ø	page 2 bbl cement -	- no holls
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		4	14		<u> </u>	Ø	Mix 10bbl camed a	V/ Wills (150/h)"
		4	34		<b></b>	Ø	unix bestimte gel	(Zobloje)
			<u> </u>	<b>  -</b>	<b> </b>	 		
	<u> </u>	4	42		ļ	200	cotch pressure	
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