



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

KANSAS CORPORATION COMMISSION 1160103
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



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



Invoice

DATE	INVOICE #
5/31/2013	24281

BILL TO
Murfin Drilling Co Inc PO Box 661 Colby, KS 67701-0661

- Acidizing
- Cement
- Tool Rental

TERMS	Well No.	Lease	County	Contractor	Well Type	Well Category	Job Purpose	Operator
Net 30	#9	Texaco Cahoj...	Rawlins	Company Tools	Oil	OWWO	PTA	Nick
PRICE REF.	DESCRIPTION				QTY	UM	UNIT PRICE	AMOUNT
575W	Mileage - 1 Way				120	Miles	6.00	720.00T
576W-P	Pump Charge - PTA				1	Job	1,000.00	1,000.00T
290	D-Air				5	Gallon(s)	42.00	210.00T
275	Cotton Seed Hulls				8	Sack(s)	30.00	240.00T
328-4	60/40 Pozmix (4% Gel)				450	Sacks	11.50	5,175.00T
581W	Service Charge Cement				450	Sacks	2.00	900.00T
583W	Drayage				2,260.5	Ton Miles	1.00	2,260.50T
	Subtotal							10,505.50
	Sales Tax Rawlins County						8.05%	845.69
	USED FOR				<i>PTA</i>			
	APPROVED				<i>SKR</i>			
<i>PAID</i>	<i>1069.0040.1</i>	<i>11351.19</i>						
We Appreciate Your Business!							Total	\$11,351.19



CHARGE TO: Martin Dely Co Inc
 ADDRESS: _____
 CITY, STATE, ZIP CODE: _____

TICKET No **24281**
 PAGE 1 OF 1

SERVICE LOCATIONS:
 1. Hayes Ks WEL/PROJECT NO. #9 LEASE Texas Coby Unit COUNTY/PARISH Rawlins STATE Ks CITY _____ DATE 5-31-13 OWNER same
 2. _____ TICKET TYPE CONTRACTOR CONTRACTOR Co Tools RIG NAME NO. _____ SHIPPED MA DELIVERED TO Location ORDER NO. _____
 3. _____ WELL TYPE Oil WELL CATEGORY owuo JOB PURPOSE PTA WELL PERMIT NO. _____ WELL LOCATION _____
 4. _____ REFERRAL LOCATION _____ INVOICE INSTRUCTIONS _____

PRICE REFERENCE	SECONDARY PART NUMBER	ACCOUNTING			DESCRIPTION	QTY.	UM	QTY.	UM	UNIT PRICE	AMOUNT
		LOC	ACCT	DF							
575					MILEAGE #111	120.01				6.20	720.00
576P					Ramp Charge	1 ea				1000.00	1000.00
290					D-Air	5 bags				42.00	210.00
275					Co Hoopseed Halls	8 sks				30.00	240.00
328-4					Co Hoopseed Halls	450 sks				11.50	5175.00
581					Comet Service Charge + Damage	450 sks				2.00	900.00
582						2205.74				1.00	2260.50

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 Alan Robinson DATE SIGNED 5-31-13 TIME SIGNED 1520 A.M. P.M.
 REMIT PAYMENT TO:
 SWIFT SERVICES, INC.
 P.O. BOX 466
 NESS CITY, KS 67560
 785-798-2300
 SURVEY: OUR EQUIPMENT PERFORMED WITHOUT BREAKDOWN? YES NO
 WE UNDERSTOOD AND MET YOUR NEEDS? YES NO
 OUR SERVICE WAS PERFORMED WITHOUT DELAY? YES NO
 WE OPERATED THE EQUIPMENT AND PERFORMED JOB CALCULATIONS SATISFACTORILY? YES NO
 ARE YOU SATISFIED WITH OUR SERVICE? YES NO
 CUSTOMER DID NOT WISH TO RESPOND

CUSTOMER ACCEPTANCE OF MATERIALS AND SERVICES The customer hereby acknowledges receipt of the materials and services listed on this ticket.
 SWIFT OPERATOR Mark [Signature] APPROVAL _____
 Thank You!

JOB LOG

SWIFT Services, Inc.

DATE 5-31-13 PAGE NO. 1

CUSTOMER: *Martin Drilling Co Inc* WELL NO. #9 LEASE: *Tenaco Caboj Unit* JOB TYPE: *PTA* TICKET NO. *24281*

CHART NO.	TIME	RATE (BPM)	VOLUME (BBL) (GAL)	PUMPS		PRESSURE (PSI)		DESCRIPTION OF OPERATION AND MATERIALS
				T	C	TUBING	CASING	
	1145							calac setup Trks 5 1/2" x 2 3/8"
								1st Plug 3893'
	1215	5	0					cmt 100skts 60% Puz 4% gel 300# Hulls
		5	26/0					wtr
			5					Balanced
								2900'
	1255	5	0					cmt 100skts 60% Puz 4% gel
		5	26/0					wtr
			5					Balanced
								1900'
	1325	5	0					cmt 100skts 60% Puz 4% gel 200# Hulls
		5	26/0					wtr
			3					Balanced
								900'
	1350	5	0					cmt 100skts 60% Puz 4% gel
		5	26/0					wtr
			1					Balanced
								Hook up to 8 5/8"
	1430	1	0					0 start cement 25skts 60% Puz 4% gel
			7					300 shut down
								300 shut in
								Top off 5 1/2"
	1445	1	0					start cement 25skts 60% Puz 4% gel
			6					shut down Hole Full
								425skts down 5 1/2"
								25skts down 8 5/8"
								Thank you
								Nick, Dave R. & Doug