

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

1160112

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 #:			AF	PI No	. 15						
Name:				oot D	escription:						
Address 1:			_		Sec Tw	/p S. R East West					
Address 2:			_		Feet from	North / South Line of Section					
City:	State:	Zip:+ +	_	Feet from East / West Line of Section							
Contact Person:			Fo	otag	es Calculated from Neares	st Outside Section Corner:					
Phone: ()					NE NW	SE SW					
Type of Well: (Check one)	Oil Well Gas Well	OG D&A Cathodi	ic C	ountv	r:						
Water Supply Well	Other:	SWD Permit #:		Lease Name: Well #: Date Well Completed: (Date) The plugging proposal was approved on: (Date)							
ENHR Permit #:	Gas Sto	rage Permit #:									
Is ACO-1 filed? Yes	No If not, is well	l log attached? Yes	1								
Producing Formation(s): List A	All (If needed attach another	sheet)	by	r:		(KCC District Agent's Name)					
Depth to	Top: Botto	m: T.D	_{PI}	uaair	na Commenced:						
Depth to	Top: Botto	m: T.D		Plugging Completed:							
Depth to	Top: Botto	m:T.D		33	0 1						
				—							
Show depth and thickness of		ations.									
Oil, Gas or Water	Records			ord (S	Surface, Conductor & Produc	tion)					
Formation	Content	Casing	Size		Setting Depth	Pulled Out					
Describe in detail the manner cement or other plugs were us	. 00					ds used in introducing it into the hole. If					
Plugging Contractor License #	<i>t</i> :		Name:	e:							
Address 1:			Address 2: _								
City:			St	ate: _		Zip:+					
Phone: ()											
Name of Party Responsible fo	r Plugging Fees:										
State of	County, _		, ;	SS.							
	(Print Name)		[[Employee 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

2 DATE INVOICE # 4/17/2013 23978

BILL TO

Murfin Drilling Co. Inc. PO Box 277

Logan, KS 67646

- Acidizing
- Cement
- Tool Rental

TERMS Well I		o. Lease County		Contractor		II Type	W	ell Category	Job Purpose	Operator
Net 30	#1	Veghe B	Phillips	Outlaw Well Servi		Oil		owwo	PTA	Nick
PRICE	REF.	•	DESCRIP	TION		QTY	1	UM	UNIT PRICE	AMOUNT
575W 576W-P 290 275 328-4 581W 583W		Mileage - 1 Way Pump Charge - PTA D-Air Cotton Seed Hulls 60/40 Pozmix (4% 0 Service Charge Cem Drayage Subtotal Sales Tax Phillips C	Gel) nent			1,0	60 1 5 11 450 425 67.5	Miles Job Gallon(s) Sack(s) Sacks Sacks Ton Miles	6.00 1,000.00 35.00 25.00 11.50 2.00 1.00	360.00T 1,000.00T 175.00T 275.00T 5,175.00T 850.00T 1,067.50T 8,902.50 605.37
PHO		SA11.000 USED FOR.	741	9507.8 J	7	F	H	AB=	F	
We A	ppre	ciate Your	Busines	is!				Tota	I ((\$9,507.87



CITY, STATE, ZIP CODE

TICKET TYPE CONTRACTOR

O'SERVICE

O SALES

O'. +/,

RIG NAME/NO.

SHIPPED DELIVERED TO

ORDER NO.

COUNTYPARISH

STATE

CITY

WELL/PROJECT NO.

LEASE

128

ADDRESS CHARGE TO:

ПСКЕТ 23978

Z

PAGE

OWNER

Same

	TE SIGNED	MUST BE SIGNED BY CUSTOMER OR CUSTOMER'S AGENT PRIOR TO START OF WORK OR BELIVERY OF GOODS	LIMITED WARRANTY provisions.	the terms and conditions on the reverse side hereof which include, but are not limited to DAYMENT DELEGATE INDEMNITY and	LEGAL TERMS: Customer hereby acknowledges and agrees to	583	581			3284		275	290	5-76 P	575	PRICE SECONDARY REFERENCE/ REFERENCE PART NUMBER	REFERRAL LOCATION INVOICE INSTRUCTIONS	,
	D AM	70	EMINITE, GILL	which include,	and agrees to	4	2			2		_	_			ACCOUNTING LDC ACCT		,
7	785-798-2300	P.O. BOX 466	SWIFT SERVICES, INC.	KEMII TAYMENI IC:		Dravase	Coment Sorvice Charac			Eli Pormix 4/201		Cittonscal Halls	0-4:- 0	Pump Charge (PTA)	MILEAGE ## ///	DESCRIPTION		01111
CUSTOMER DID NOT WISH TO RESPOND	ARE YOU SATISFIED WITH OUR SERVICE?	WE OPERATED THE EQUIPMENT AND PERFORMED JOB CALCULATIONS SATISFACTORILY?	MET YOUR MEEDS? OUR SERVICE WAS PERSORMED WITHOUT DELAY?	OUR EQUIPMENT PERFORMED WITHOUT BREAKDOWN? WE UNDERSTOOD AND	SURVEY	1067.57TM	" 425 sks			- 450/5/5		17.5%	5-12	1 100	60 mi	QTY. LUM		
RESPOND	□ *6				DECIDED AGREE			-			 					OTY. UM		
9	TOTAL	Phillips		PAGE I CIAL	200	1 00	2 00			11 50	 	نعن کاتے	35-100	1000 00	6 00	UNIT	:	
950101	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	605 3		8902 50		1067 50	00 DC8		į	5775-00		275-00	175-100	1000 00	200	AMOUNT		

SWIFT OPERATOR

APPROVAL

Thank You.

JOB10				<u></u> _	SWIFT Serv		TICKET NO. 23978
Murtin Dilg C. Inc		Inc	WELL NO.	1 sws	Verge	JOB TYPE PTA	TICKET NO. 23978
CHART NO.	TIME	RATE (BPM)	VOLUME (BBL) (GAL)	PUMPS T C	PRESSURE (PSI) TUBING CASING	DESCRIPTION OF OPERA	
	1000		1,,,,-	Ť	TOBING CASING	on loc set up Tr	40
•						23 "x 5 2" x 36	oc'
							
	Ž.,					13+ 1/49	3605'
	1115	<u>5</u>	0		700	start Conest 100sk	5 /40 Pozy 1/201/300#H.
		_ک	26/0		700	Startwitz	2789
	1122		7			Balanced	
. <u> </u>						2 nd Plug 23	500'
	1200	5	0		450	2 nd Plug 23 Start Conest 100 sks	6/ Poz 4 % ac 1/ 300 THU
		5-	26/0		450	Startute	7
	1207		5			Balanced	
						3-d Plug	1500'
	1235	5	0		300	start Coment 150ck	540 Por 42 101 205 Hul
		5.7	38/0		300	Circulate Coment/s	tuntute
	1245					Balanced	
						TOOH	
	1320		10 h	/		Topoff 52 35	3ks \$6/0242901
				,		<u>'</u>	,
	1335	/	17 66			Hock up to 8 8 63	sks 40lozy 6gel
			 			, , , , , , , , , , , , , , , , , , ,	
	· · · · · · · · · · · · · · · · · · ·						
							A 1/11
			-			450sks 640 385sks in 5 65sks in 82 800 # callons	Poz 4/6 acl
			 			3855ks 1n 5	2 "
<u>-</u>						65 chrs 12 87	
			 			800 Taltons	ecd Hulls
	-		 				
			 				
						·//. · · · · /	
				 		Thank you	
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-						Mick, David F	a, & Hint
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			<u></u>				