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

1160137

March 2009 Type or Print on this Form Form must be Signed All blanks must be Filled

Form CP-4

WELL PLUGGING RECORD K.A.R. 82-3-117

OPERATOR: License #:	API No. 15
Name:	Spot Description:
Address 1:	Sec Twp 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:	Footages Calculated from Nearest Outside Section Corner:
Phone: ()	NE NW SE SW
Type of Well: (Check one) Oil Well Gas Well OG D&A Cathodic Water Supply Well Other: SWD Permit #: SWD Permit #: SWD Permit #: ENHR Permit #: Gas Storage Permit #: Gas Storage Permit #: SWD Permit #: SWD 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.	County: Well #: 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.

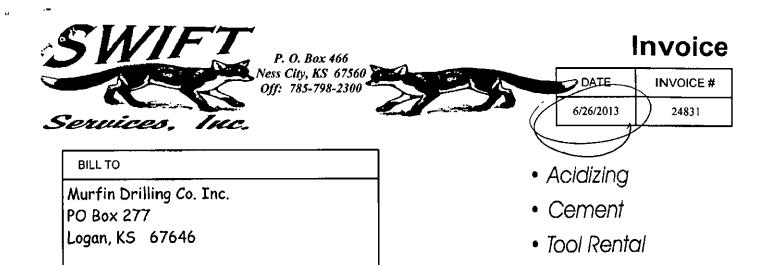
Oil, Gas or Water	Records	Casing Record (Surface, Conductor & Production)					
Formation	Content	Casing	Size	Setting Depth	Pulled Out		

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	g Fees:		
State of	County,	, SS.	
	(Print Name)		or or Operator on above-described well
haing first duly sugar an asthe says. The	at I have knowledge of the factor	totomonto, and mottors harain contained, and the la	a of the choice described well is so filed on

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



TERMS	Well N	o. Lea	se	County	Contractor	Wel	ll Type 🛛 Well Ca		I Category	Job Purpose	e Operator
Net 30	#4	WilTro	out A	Phillips	Company Tools	Dis	posal	V	Vorkover	РТА	Roger
PRICE	REF.		•	DESCRIP	TION		QTY	, T	UM	UNIT PRICE	AMOUNT
575W 576W-P 275 290 328-4 581W 583W		Mileage - 1 V Pump Charge Cotton Seed D-Air 60/40 Pozmin Service Char, Drayage	e - PTA Hulls x (4% Ge					1 : 11 : 2 : 450 : 450 :		6.00 1,000.00 30.00 42.00 11.50 2.00 1.00	420.00T 1,000.00T 330.00T 84.00T 5,175.00T 900.00T 1,699.00T
		Subtotal Sales Tax Ph	illips Cou	inty						6.80%	9,608.00 653.34
PAI	01	Alloc	Ri	uy Poi	91 8WS	10,2	61.3	34		PTA-W	i Hrout A
			sed fo Prov)r 'ED	PéA. R. Hoek						
We A	ppre	ciate Y	'our E	Busine	ss!		·		Tota		\$10,261.34

PAGE TOTAL 7200		AGREE	4/SO se, SURVEY AGREE UN IPMENT PERFORMED BREAKTONDE AGREE DECIDED BREAKTONNEY AGREE DECIDED BREAKTONNEY AGREE DECIDED BREAKTONNEY AGREE DECIDED BREAKTONNEY AGREE DECIDED AGREE DECIDED AGREE BREAKTONNEY AGREE DECIDED AGREE DECIDEN AGREE CONVED VAND RCEVARS AGREE NOTENTAL AGREE AGREE CONVED VAND RCEVARS AGREE CONVED VAND RCEVARS AGREE CONVED VAND RCEVARS INO SATISFIED WITHOUR SERVICE? INO INO CONSTONEY INO INO CUSTOMER DID NOT WISH TO RESPOND INO Internals and services tested on this taket		2. 475 Gel IT PAYMENT TO: P.O. BOX 466 CITY, KS 67560 785-798-2300 SERVICES The customer thereby action	ACCEPTANCE OF MA	TIME SIGN	J28-4 LEGAL TERMS: Customer hereby the terms and conditions on the reve but are not limited to, PAYMENT, I LIMITED WARRANTY provisions. MINST BE SIGNED BY CUSTOMER OR CUSTOMER OR DELIVERY OF GOODS START OF WORK OR DELIVERY OF GOODS X A A A A A
259'/ at 1 202 - 1 P	 _ 	275	1 5891		Drayage			283
8 16	- +				0-AER			356
1,000 - 1,000 30 - 330		5 23	s //		Cutha Seed Hulls			275
18 18			70 0		MILEAGE #112			515 515
UNIT AMOUNT	QTY. UM	2	QIY		DESCRIPTION	ACCOUNTING LOC ACCT DF	SECONDARY REFERENCE	PRICE REFERENCE
-26-13 R NO.	WELL VELL	0	DEL VERED TO L CC. WELL PERMIT NO.	K, Bripped B/T			TICKET TYPE CONTRA	2. 2.
TICKET Nº 24831				ISTATE	Muef. Dr.g. Co	CHARGE TO: ADDRESS CITY. STATE, 21P CODE	ices, Inc.	Services,

JOBLO)G					SWIFT	Serui	ices, Inc. [DATE - 26-13 PAGE NO.
CUSTONER	afin Dely		WELL NO.	 !		LEASE UI fro		JOB TYPE TO Abandon JUCKET NO. Play To Abandon 24831
CHART	TIME	RATE	VOLUME	PUMP	3	PRESSUR	E (PSI)	DESCRIPTION OF OPERATION AND MATERIALS
NO.	0830	(BPM)	(BBL) (GAL)	<u>, †</u>	Ċ	TUBING	CASING	
	0000	<u> </u>	+			·		On has Set up truck
<u> </u>	09:15	31/2	1					Bit stuck @ 1643' 51/2 02. 6 3564' Start Mixing 60/40 Poz 440 Gel
		_						605 Ampel Cot a look
								more iste itells Pump anothe Dod ant
	0850					400		245 she total shert Down 400pst
<u></u>								slight Blood off
	1015							400 pst vory slight Red off
								unscrus from Bit
								MDy TSSK all 300 + Hulls
·	 	1						1642-820'
	10:30		<u> </u>					Pull tubing to 200'
	11:05		<u> </u>					MTx 60/40 Poz 4% Gd Cottonsond Hulls 352
	1000							Cat. to Surface, 110x6
	11:20		<u> </u>					full tusing out of hole
	11:45				_			typ off 51/2° Cay 2012 Wish + Road up +Read
	17100						<u></u>	Wish + Roar up + Reach
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