



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

KANSAS CORPORATION COMMISSION 1160697
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 #
2/23/2012	21411

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	#1-29	Sheri Trust <i>briley</i>	Decatur	Company Tools	Oil	OWWO	PTA	Nick
PRICE REF.	DESCRIPTION				QTY	UM	UNIT PRICE	AMOUNT
575W	Mileage - 1 Way				100	Miles	6.00	600.00T
576W-P	Pump Charge - PTA - 2528 Feet				1	Job	1,000.00	1,000.00T
275	Cotton Seed Hulls				5	Sack(s)	25.00	125.00T
290	D-Air				3	Gallon(s)	35.00	105.00T
328-4	60/40 Pozmix (4% Gel)				170	Sacks	11.50	1,955.00T
581W	Service Charge Cement				300	Sacks	2.00	600.00T
583W	Drayage				1,255.5	Ton Miles	1.00	1,255.50T
	Subtotal							5,640.50
	Sales Tax Decatur County						7.30%	411.76
USED FOR					<i>PA</i>			
APPROVED					<i>JT</i>			
<i>PR101 7296.0001.1 6052.26 Cement Job - P+A #1-29</i>								
We Appreciate Your Business!							Total	\$6,052.26



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

TICKET NO 21411

PAGE 1 OF 1

SERVICE LOCATIONS
 1. Hays, Ks.
 2. Ness City, Ks.
 3.
 4. REFERRAL LOCATION

WELL/PROJECT NO: 21-29
 LEASE: Sheri Trust
 COUNTY/PARISH: Decatur
 STATE: Ks
 CITY: Location
 DATE: 2-23-12
 OWNER: Same

TICKET TYPE: SALES
 CONTRACTOR: Co Tools
 RIG NAME NO.
 SHIPPED VIA: CT
 DELIVERED TO: Location
 ORDER NO.
 WELL LOCATION

WELL TYPE: oil
 WELL CATEGORY: new
 JOB PURPOSE: PTA
 WELL PERMIT NO.

INVOICE INSTRUCTIONS

PRICE REFERENCE	SECONDARY REFERENCE PART NUMBER	ACCOUNTING			DESCRIPTION	MILEAGE	QTY.	UM	QTY.	UM	UNIT PRICE	AMOUNT
		LOC	ACCT	DF								
575					MILEAGE #111	100	mi				6.00	600.00
576P					Pump Charge (PTA)	1	ea	2528			1000.00	1000.00
275					Cotton seed Halls	5	shs				25.00	125.00
290					D-Air	3	gal				35.00	105.00
328-4					60% Pozmix 4% gel	170	shs				11.50	1955.00
581					Cement Service Charge	300	shs				2.00	600.00
583					Drayage	1255	TM				1.00	1255.50

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

DATE SIGNED: 2-23-12 TIME SIGNED: 1240 A.M. P.M.

SIGNATURE: [Signature]

REMIT PAYMENT TO:
 SWIFT SERVICES, INC.
 P.O. BOX 466
 NESS CITY, KS 67560
 785-798-2300

SURVEY

OUR EQUIPMENT PERFORMED WITHOUT BREAKDOWN?	AGREE	UN-DETERMINED	DIS-AGREE
WE UNDERSTOOD AND MET YOUR NEEDS?			
OUR SERVICE WAS PERFORMED WITHOUT DELAY?			
WE OPERATED THE EQUIPMENT AND PERFORMED JOB CALCULATIONS SATISFACTORILY?			
ARE YOU SATISFIED WITH OUR SERVICES?	<input type="checkbox"/> YES		<input type="checkbox"/> NO

CUSTOMER DID NOT WISH TO RESPOND

PAGE TOTAL: 5640

Decatur TAX 7.39% 411

TOTAL: 6052.26

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

SWIFT OPERATOR: [Signature] APPROVAL: [Signature]

Thank You!