



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

KANSAS CORPORATION COMMISSION 1160772  
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

# SWIFT



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



## Invoice

DATE	INVOICE #
11/28/2012	23003

BILL TO
Murfin Drilling Co Inc P. O. Box 130 Hill City, KS 67642-0130
USED FOR
APPROVED

- Acidizing
- Cement
- Tool Rental

P-A  
*[Signature]*

TERMS	Well No.	Lease	County	Contractor	Well Type	Well Category	Job Purpose	Operator
Net 30	#2	Anderson	Graham	Company Tools	Oil	Workover	PTA	Roger
PRICE REF.	DESCRIPTION				QTY	UM	UNIT PRICE	AMOUNT
575W	Mileage - 1 Way				70	Miles	6.00	420.00T
576W-P	Pump Charge - PTA				1	Job	1,000.00	1,000.00T
290	D-Air				5	Gallon(s)	35.00	175.00T
328-4	60/40 Pozmix (4% Gel)				305	Sacks	11.50	3,507.50T
275	Cotton Seed Hulls				5	Sack(s)	25.00	125.00T
581W	Service Charge Cement				470	Sacks	2.00	940.00T
583W	Drayage				1,380	Ton Miles	1.00	1,380.00T
	Subtotal							7,547.50
	Sales Tax Graham County						7.55%	569.84
PA101	0030.0002.1			8117.34	PTA #2			

DES SOIS  
PAID  
PTA #2

Thank You For Your Business &  
Best Wishes For A Wonderful Holiday Season!!

Total

\$8,117.34



CHARGE TO: Marta Dry Co.  
 ADDRESS \_\_\_\_\_  
 CITY, STATE, ZIP CODE \_\_\_\_\_

TICKET  
 No 23003

PAGE 1 OF 1

SERVICE LOCATIONS  
 1. High 5 WELL/PROJECT NO. #2 LEASE: Anderson COUNTY/PARISH: Graben STATE: KS CITY: \_\_\_\_\_  
 2. \_\_\_\_\_ CONTRACTOR: Co. Teal RIG NAME/NO. \_\_\_\_\_ SHIPPED VIA: DLT DELIVERED TO: Loc. DATE: 11-28-12 OWNER: Same  
 3. \_\_\_\_\_ WELL TYPE: \_\_\_\_\_ WELL CATEGORY: Watercourse JOB PURPOSE: Play To Abandon WELL PERMIT NO. \_\_\_\_\_ WELL LOCATION: \_\_\_\_\_  
 4. REFERRAL LOCATION: \_\_\_\_\_ INVOICE INSTRUCTIONS: \_\_\_\_\_

PRICE REFERENCE	SECONDARY REFERENCE PART NUMBER	ACCOUNTING			DESCRIPTION	QTY.	UM	QTY.	UM	UNIT PRICE	AMOUNT
		LOC	ACCT	DF							
575					MILEAGE # 113	70	m.i			6.00	420.00
576					Pump Service	1	ea			1000.00	1000.00
290					O-ATR	5	gal			35.00	175.00
581					Service Charge	470	sh			2.00	940.00
583					Dayage	1,380	mb			1.00	1,380.00
328-4					60/100 lbs 4% Gel	305	sl			11.50	3507.50
295					Cotton Seed Halls	5	sh			25.00	125.00

**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: \_\_\_\_\_ TIME SIGNED: \_\_\_\_\_  
 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?  
 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 SERVICE?  
 CUSTOMER DID NOT WISH TO RESPOND

PAGE TOTAL: 7,547.50  
 TOTAL: 8117.34

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

**JOB LOG**

**SWIFT Services, Inc.**

DATE 11-29-12 PAGE NO. 1

CUSTOMER Medina Dely Co. WELL NO. #2 LEASE Anderson JOB TYPE Plug To Abandon TICKET NO. 23003

CHART NO.	TIME	RATE (BPM)	VOLUME (BBL) (GAL)	PUMPS		PRESSURE (PSI)		DESCRIPTION OF OPERATION AND MATERIALS
				T	C	TUBING	CASING	
	0850							on loc. Set up truck 2 3/8 tubing @ 3905'
	0920	3	40					mix 150 sks 60/40 por. 4% Gel mix 300 # Huls in cont. Finish mixing Dipl. 4ss to Balance
	0930							Pull tubing to 1327'
	1030							Start mixing 60/40por + Huls Circulated to surface. 115sk 200 # Huls
	10:45		30					pull tubing out of hole Top off 4 1/2" csg. 15sk
	11:45					300		hook up to 8 5/8" csg. 25sk 300 # wash & Rack up truck Job Complete

Thank You

Roger Don Flitt