



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

KANSAS CORPORATION COMMISSION 1161285
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.

(Print Name) Employee of Operator or Operator on above-described well,

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



Services, Inc.

CHARGE TO: Wells & Sons

ADDRESS _____

CITY, STATE, ZIP CODE _____

WELL/PROJECT NO. 1-31

LEASE Attleberry COUNTY/PARISH La. No. STATE LA CITY Dighton DATE 28 Dec 12 OWNER _____

TICKET TYPE SERVICE SALES

CONTRACTOR _____ RIG NAME/NO. _____

WELL TYPE SPLITZER

WELL CATEGORY Production JOB PURPOSE Production

WELL PERMIT NO. _____

INVOICE INSTRUCTIONS _____

REFERRAL LOCATION _____

PRICE REFERENCE	SECONDARY REFERENCE/ PART NUMBER	ACCT OF	LOC	DESCRIPTION	QTY	UNIT	AMOUNT
575				MILEAGE TRK 115	40	mi	240.00
576-P				Pump Charge	1	ea	1000.00
378-H				60/90 Pozmix 4% gel	1	sk	3450.00
275				cotton seed hulls	1	sk	25.00
290				D-Air	1	ea	70.00
581				Tagal	35	ea	35.00
583				Service charge	2	ea	750.00
				Drayage	1	ea	689.24

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 _____

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

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

REMIT PAYMENT TO:

SURVEY

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

□ CUSTOMER DID NOT WISH TO RESPOND

TOTAL 6552.59

TAX 6.3% 388.35

PAGE TOTAL 6164.24

07-15-11

TICKET No 29735

JOB LOG

SWIFT Services, Inc.

DATE: 28 DEC 12 PAGE: 1

CUSTOMER: W.A. # 21115 WELL NO.: 1-31 LEASE: Atleboro JOB TYPE: Plug to Abandon TICKET NO.: 23735

CHART NO.	TIME	RATE (BPM)	VOLUME (BBL) (GAL)	PUMPS		PRESSURE (PSI)		DESCRIPTION OF OPERATION AND MATERIALS
				T	C	TUBING	CASING	
								375 SKS 60/40 002 4% @ 13.1 2 7/8 x 5 1/2 setting plug @ 4570' CIRC to surface from 2200'
	1100							on loc TRK 115
	1300		25					dump tube clean H ₂ O
	1310	3 1/2	11					MIX 60/40 002 4% @ 13.1 w/ 40 SKS
	1320	3 1/2	10					DEAD LEG. 10 bbl H ₂ O pull tubing to 2200' (40 SKS)
	1435		20					dump H ₂ O mix 60/40 002 4% @ 13.1 (250 SKS)
		4.5	16			100		flush to surface.
	1500	4.5	66			300		commit to surface.
	1505							pull tubing out of hole.
	1615							top off run OPR standing hole. wash truck (300 SKS) w/ ret.
								Rack up
	1700							job complete
								Rebar Doseman Jeff R. Blaine 1/11/12