



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

KANSAS CORPORATION COMMISSION 1162442
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 Services, Inc.

DATE 9 MAY 13 PAGE NO.

RESOURCES

WELL NO.

LEASE

SHIRLEY B

JOB TYPE

PTA

TICKET NO.

24757

TIME	RATE (BPM)	VOLUME (BBL) (GAL)	PUMPS		PRESSURE (PSI)		DESCRIPTION OF OPERATION AND MATERIALS
			T	C	TUBING	CASING	
0900							ON LOCATION
							TUBING @ 4250
0928	4	45	✓		300		MIX 15sx GEL
0945	3½	13	✓				MIX 50sx CEMENT w/200# HULLS PULL TUBING TO 2250
1051	4	32	✓				MIX 120sx CEMENT w/200# HULLS PULL TUBING TO 1100
1129	4	32	✓				MIX 120sx CEMENT w/200# HULLS PULL TUBING OUT
1215	½	1		✓	250		Pump DOWN ANNULUS - PSI up - 5sx
1223	½	5½	✓		300		TOP WELL OFF w/20sx
1225			✓		300		SHUT WELL IN
1235							WASH TRUCK USED 315sx 60/40 PORMIX 4% GEL
1300							JOB COMPLETE
							THANKS #115
							JASON JEFF ROB ISAAC



CHARGE TO: **CASTLE RESOURCES**
 ADDRESS
 CITY, STATE, ZIP CODE

TICKET No. **24757**
 PAGE 1 OF 1

SERVICE LOCATIONS: **NESS CITY, KS** WELL/PROJECT NO. **SHIRLEY B** LEASE
 TICKET TYPE: SERVICE SALES CONTRACTOR: **MOBILE WELL SERV.** RIG NAME/NO. **TREGO** STATE: **KS** CITY: **RAUSON, KS** DATE: **9 MAY 13** OWNER
 WELL TYPE: **DIL** WELL CATEGORY: **ABANDON** JOB PURPOSE: **PTA** SHIPPED VIA: **DELIVERED TO** ORDER NO.
 REFERRAL LOCATION: **DIL** INVOICE INSTRUCTIONS: **ABANDON** WELL PERMIT NO. **413E, 31, 31, 51, 51, 51, 51**

PRICE REFERENCE	SECONDARY REFERENCE/ PART NUMBER	ACCOUNTING			DESCRIPTION	QTY.	UM	QTY.	UM	UNIT PRICE	AMOUNT
		LOC	ACCT	DF							
575					MILEAGE # 115	30	MIL			6.00	180.00
576P					Pump CHARGE	1				1000.00	1000.00
275					COTTON SEED HULLS	10	SX			30.00	180.00
279					GEL	15	SX			25.00	375.00
290					D-AIR	3 1/2	9L			42.00	147.00
328-4					60/40 Pozmix 4% GEL	315	SX			11.50	3622.50
581					SERVICE CHARGE (CEMENT + GEL)	330	SX			2.00	660.00
583					DRAYAGE	27921	LBS		418.82	1.00	418.82

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

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-DECIDED	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 SERVICE?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	

PAGE TOTAL: **6583**

TIME SIGNED: **1300** A.M. P.M.
 DATE: **May 13**

CUSTOMER ACCEPTANCE OF MATERIALS AND SERVICES

TOTAL: **7030.99**

APPROVAL: *[Signature]*
 The customer hereby acknowledges receipt of the materials and services listed on this ticket.
 Thank You!