



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

KANSAS CORPORATION COMMISSION 1162482
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.

TICKET
No 23986

CHARGE TO: Castle Resources
 ADDRESS: _____
 CITY, STATE, ZIP CODE: _____

PAGE 1 OF 1

SERVICE LOCATIONS
 1. Hays, KS WELLS/PROJECT NO. 21 LEASE Stw COUNTY/PARISH Ellis STATE KS CITY _____
 2. Ness City, KS. CONTRACTOR Noble Well Service RIG NAME/NO. _____
 3. WELLS TYPE oil WELLS CATEGORY PTA JOB PURPOSE PTA SHIPPED VIA CT DELIVERED TO Location
 4. REFERRAL LOCATION _____ INVOICE INSTRUCTIONS _____ WELLS PERMIT NO. _____ WELLS LOCATION _____

PRICE REFERENCE	SECONDARY REFERENCE/ PART NUMBER	ACCOUNTING			DESCRIPTION	QTY.	UM	QTY.	UM	UNIT PRICE	AMOUNT
		LOC	ACCT	DF							
575					MILEAGE #111	40	mi			6.00	240.00
576P					Ramp Charge (PTA)	1	eq			1000.00	1000.00
279					Beatrite gel	15	lbs			25.00	375.00
275					Cotton seed Halls	3	lbs			25.00	75.00
290					D-Air	3	gal			35.00	105.00
328-4					oil Pozmix 4% gel	220	sls			11.50	2530.00
581					Cement Service Charge	2				2.00	570.00
583					Dayage	477	TM			1.00	477.00

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.

BE SIGNED BY CUSTOMER OR CUSTOMER'S AGENT PRIOR TO WORK OR DELIVERY OF GOODS
 TIME SIGNED 1350 AM PM

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

UN-DECIDED	DIS-AGREE	PAGE TOTAL	5772.00
		TOTAL	5710.44

Michael...

Thank You!

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

SWIFT Services, Inc.

DATE 4-29-13 PAGE NO. 1

RESOURCES: WELL NO. #1 LEASE 54W JOB TYPE PTA TICKET NO. 23986

TIME	RATE (BPM)	VOLUME (BBL) (GAL)	PUMPS		PRESSURE (PSI)		DESCRIPTION OF OPERATION AND MATERIALS
			T	C	TUBING	CASING	
1040							caloc setup Trks 2 7/8" x 4 1/2" x 3500'
							1st Plug 3500'
1135	5	0			0	0	start water
	5	5/0			0		start water 15sks gel 100# Halls
	5	45/0			400		start Cement + Halls 50sks 60% Poz 4% gel
	5	13/0			400		start water
1150		4					Balanced
							2nd Plug 1600'
1235	5	0			0		start Cement 140sks 60% Poz 4% gel
	5	37/0			400		circ Cmt/start water 100# Halls
1245		↑					Balanced
							Hook up to 8 5/8"
1315	.75	1			400		start Cement 5sks 60% Poz 4% gel
					450		shut in
1330	.75	0					Top off 4 1/2" 25sks 60% Poz 4% gel
1340		6					Full
							4 1/2" 215sks 60% Poz mix 4% gel 200# Halls 15sks Bentonite gel 8 5/8" 5sks 60% Poz mix 4% gel
							Thank you
							Nick, David E., Roger, & Rob