

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

the same are true and correct, so help me God.

## KANSAS CORPORATION COMMISSION OIL & GAS CONSERVATION DIVISION

## 1162958

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 #:			AF	PI No	. 15					
Name:				oot D	escription:					
Address 1:			_		Sec Tw	/p S. R East West				
Address 2:			_		Feet from	North / South Line of Section				
City:				Feet from East / West Line of Section						
Contact Person:			Fo	otag	es Calculated from Neares	st Outside Section Corner:				
Phone: ( )					NE NW	SE SW				
Type of Well: (Check one)	Oil Well Gas Well	OG D&A Cathodi	ic C	ountv	r:					
Water Supply Well	Other:	SWD Permit #:		-		Well #:				
ENHR Permit #:	Gas Sto	rage Permit #:		Date Well Completed:						
Is ACO-1 filed? Yes	No If not, is well	l log attached? Yes	1			oved on: (Date)				
Producing Formation(s): List A	All (If needed attach another	sheet)	by	r:		(KCC <b>District</b> Agent's Name)				
Depth to	Top: Botto	m: T.D	<sub>PI</sub>	uaair	na Commenced:					
Depth to	Top: Botto	m: T.D		Plugging Completed:						
Depth to	Top: Botto	m:T.D		- 55	0 1					
				—						
Show depth and thickness of		ations.								
Oil, Gas or Water	Records			ord (S	Surface, Conductor & Produc	tion)				
Formation	Content	Casing	Size		Setting Depth	Pulled Out				
Describe in detail the manner cement or other plugs were us	. 00					ds used in introducing it into the hole. If				
Plugging Contractor License #:			Name:	ame:						
Address 1:			Address 2: _							
City:			St	ate: _		Zip:+				
Phone: ( )										
Name of Party Responsible fo	r Plugging Fees:									
State of	County, _		,	SS.						
(Print Name)			[	[	Employee of Operator or	Operator on above-described well,				

Submitted Electronically

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



P. O. Box 466

Ness City, KS 67560

Off: 785-798-2300



## Invoice

	The state of the s					
DATE	INVOICE#					
8/16/2012	21924					

**BILL TO** 

Murfin Drilling Co Inc

P. O. Box 130

Hill City, KS 67642-0130

We Appreciate Your Business!

Acidizing

Cement

**Total** 

\$10,135.51

• Tool Rental

USED FOR

APPROVED

TERMS	Well No	Lease	County	Contractor	We	II Type	W	ell Category	Job Purpose		Operator
Net 30	#6-3	Diebolt	Graham	Company Tools		Oil		Workover	PTA		Roger
PRICE REF.		DESCRIPTION				QT)	/ UM		UNIT PRICE		AMOUNT
575W 576W-P 275 328-4 581W 583W	P C 6 S	fileage - 1 Way ump Charge - PTA otton Seed Hulls 0/40 Pozmix (4% C ervice Charge Cem trayage	iel)	·,		1	1 13 500	Miles Job Sack(s) Sacks Sacks Ton Miles	6.00 1,000.00 25.00 11.50 2.00 1.00		300.00T 1,000.00T 325.00T 5,750.00T 1,000.00T 1,049.00T
PA10	S	ubtotal ales Tax Graham C		0,135.51		PTY	4	#6-3	7.55%		9,424.00 711.51
	è										



Muelin Dity Co

ПСКЕТ Nº 21924

MUST BE SIGNED BY CUSTOMER OR CUSTOMER'S AGENT PRIOR TO START OF WORK OR DELIVERY OF GOODS DATE SIGNED the terms and conditions on the reverse side hereof which include, but are not limited to, PAYMENT, RELEASE, INDEMNITY, and REFERRAL LOCATION LIMITED WARRANTY provisions. LEGAL TERMS: Customer hereby acknowledges and agrees to SERVICE LOCATIONS 328-4 295 596 P 583 REFERENCE 185 PRICE Services, SECONDARY REFERENCE/ HOSET TYPE CONTRACTOR BE SERVICE CONTRACTOR CALES
WELL TYPE PART NUMBER TIME SIGNED Inc. O. | CUSTOMER ACCEPTANCE OF MATERIALS AND SERVICES The customer hereby acknowledges receipt of the materials and services listed on this ticket g CITY, STATE, ZIP CODE CCOUNTING ACCT WELL CATEGORY MONKON 무 Service Charge MILEAGE #111 brayage 60/40 Poz 4% Gel SWIFT SERVICES, INC. Pump Service Cotten Sond Holls NESS CITY, KS 67560 REMIT PAYMENT TO: P.O. BOX 466 785-798-2300 JOB PURPOSE Pluy To Abundon Crahan RIG NAMENO. COUNTYPARISH DESCRIPTION OUR EQUIPMENT PERFORMED
WITHOUT BREAKDOWN?
WE UNDERSTOOD AND
MET YOUR NEEDS?
OUR SERVICE WAS
PERFORMED WITHOUT DELAY? CALCIUM SATISFIED WITH OUR SERVICE?
ARE YOU SATISFIED WITH OUR SERVICE? VE OPERATED THE EQUIPMENT AND PERFORMED JOB ALCULATIONS C S¥PPE STATE CUSTOMER DID NOT WISH TO RESPOND SURVEY DELIVERED TO 읡 WELL PERMIT NO. 1,049 Soo Soo ş S 13 1513 5 1 3 5 0 130 Š AGREE □ ₹ DECIDED ş Œ 8/16/12 ORDER NO. MELL LOCATION De 20-103-27 (Jroham 7.55% PAGE TOTAL 000 TOTAL ای 25/00 PAGE 15 먑 1c 18 16 عدما OWNER 10,135 heh! 5750 10 440 1,000 325 1,000 હ્ય MOUNT [8 18 C 18 Û [8 S

SWIFT OPERATOR

APPROVAL

Thank You.

SWIFT Services, Inc.

JOB TYPE
To Abandon
THESCRIPTION OF OPERATION AND - JOB LOG DATE / 16 /12 PAGE NO. CUSTOMER Muskin Orla. TIME DESCRIPTION OF OPERATION AND MATERIALS T C 0930 on Loc. Set up tens MEX 150 SH GO/40 Poz 440 Gol 40 10:00 300° Hulls in Cal. Pigl. to Balane.
Pull tobing to 2615"

MEX 1505B 60140 Poz 490 Gel 10:55 Displ. to Balance 11:05 Pull tubing to 1246'
Let Set 30 min
MIX 17028 60/40 Bz 486Cel 12:05 45 Cont Circulated to Sufface 12130 pull Tusing out ofhole.

plook up to 8% hole in Suppose Pipe.

Top off 542 "Cog. 300 ds.

wash + Rach up thered 13:15 JUS Complete 1400