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

KANSAS CORPORATION COMMISSION

OIL & GAS CONSERVATION DIVISION

1162984

March 2009 Type or Print on this Form Form must be Signed All blanks must be Filled

Form CP-4

WELL PLUGGING RECORD K.A.R. 82-3-117

Address 1:	Calculated from Nearest Outside Section Corner:
Address 2:	Feet from North / South Line of Section Feet from East / West Line of Section Calculated from Nearest Outside Section Corner:
City: State: Zip: +	Feet from East / West Line of Section
Contact Person:	Calculated from Nearest Outside Section Corner:
Phone: ()	
Type of Well: (Check one) Oil Well Gas Well OG D&A Cathodic Water Supply Well Other: SWD Permit #: Lease Nar ENHR Permit #: Gas Storage Permit #: Date Well Is ACO-1 filed? Yes No If not, is well log attached? Yes No	
Water Supply Well Other: SWD Permit #: Lease Nar ENHR Permit #: Gas Storage Permit #: Date Well Is ACO-1 filed? Yes No If not, is well log attached? Yes No	NE NW SE SW
Depth to Top: Bottom: T.D	ne: Well #: Completed: ng proposal was approved on: (<i>Date</i>) (<i>KCC District Agent's Name</i>) commenced:

Show depth and thickness of all water, oil and gas formations.

Oil, Gas or Wate	er Records		Casing Record (Surfa	ace, Conductor & Produc	ction)
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 Pluggi	ng Fees:		
State of	County,	, SS.	
	(Print Name)	Employee of Operator or Operator on a	above-described well,
boing first duly sworp on oath cove: T	hat I have knowledge of the facts	statements, and matters bergin contained, and the log of the above-describe	ad wall is as filed, and

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



Murfin Drilling Co. Inc. PO Box 277 Logan, KS 67646

- Acidizing
- Cement
- Tool Rental

#3938

TERMS	Well No	o. Lease	County	Contractor	Wel	І Туре	W	ell Category	Job Purpose	Operator
Net 30	#3	Johnson B	Phillips	Stewart Well Serv		Oil		owwo	РТА	Nick
PRICE	REF.		DESCRIPT	ION		QT	1	UM	UNIT PRICE	AMOUNT
575W 576W-P 275 290 328-4 581W 583W		Mileage - 1 Way Pump Charge - PTA Cotton Seed Hulls D-Air 50/40 Pozmix (4% C Service Charge Cem Drayage Subtotal Sales Tax Phillips Co	eel) ent				1 14 5 430 450	Miles Job Sack(s) Gallon(s) Sacks Sacks Ton Miles	6.00 1,000.00 25.00 35.00 11.50 2.00 1.00	420.00T 1,000.00T 350.00T 175.00T 4,945.00T 900.00T 1,318.50T 9,108.50 619.38
PP101		938.0012. USED FOR_		127.88 4 o		PTF	7	B#3		
	(APPROVED.		kenan K						
We A		ciate Your						Tota	I	\$9,727.88

Thank You!			OVAL	With Typhe Arrowa	
	eceipt of the materials and services listed on this licket.		CUSTOMER ACCEPTANCE OF MATERIALS AND SERVICES The customer hereby acknowledges	CUSTOMER ACCEPTANCE OF	
00/1 7 1 h	CUSTOMER DID NOT WISH TO RESPOND		100-2-061-001	1/2/2	<u> </u>
, r , r	I YES IN NO	ARE YOU SATISFIED W		TIME SIGNED	N 1
6.00 619 30		CALCULATIONS CALCULATIONS SATISFACTORILY?	NESS CITY KS 67560		× R. Laslador
	UIPMENT I	WE OPERATED THE EQ	•	MUST BE SIGNED BY CUSTOMER OR CUSTOMER'S AGENT PRIOR TO START OF WORK OR DELIVERY OF GOODS	MUST BE SIGNED BY CUSTOMER
		WE UNDERSTOOD AND MET YOUR NEEDS? OUR SERVICE WAS	CIVIET REDVICES INC	Dut are not limited to, PAYMEN3, RELEASE, INDEMNITY, and LIMITED WARRANTY provisions.	Dut are not limited to, PAYMENS, LIMITED WARRANTY provisions
PAGE TOTAL 9108 50		OUR EQUIPMENT PERFORMED WITHOUT BREAKDOWN?	REMIT PAYMENT TO:	the terms and conditions on the reverse side hereof which include,	the terms and conditions
	AGREE UN DIS-	SURVEY		LEGAL TERMS: Customer hereby acknowledges and agrees to	LEGAL TERMS: Custor
1 00 1318 20	1318.5TM		Oravage	2	583
2 00 900 0	450 sks		Coment Service Charge	2	185
0 0 SALA 05 11	430 15/5		Golozmix 4% del	2	7-8-4
• -+ 					
00 175	5 00/		D-AIT	1/	290
00			Cetter seed Hulls		275
0	- 1		Pamp Charge (PTA	/	9368
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UNIT PRICE AMOUNT	OTY. UM OTY. UM		DF	SECONDARY REFERENCE/ ACCOUNTING PART NUMBER LOC ACCT	PRICE S
				INVOICE INSTRUCTIONS	REFERRAL LOCATION
			awwo PTA	110	
WELL IOCATION		VA T L	HILL CATEGORY LINE DIRPORT	7	3. 3.
-1U-12 Some		_	Chason Phillips	B#3	Hays Ks
PAGE				MELIPROFETINO	Service Locations
			PCODE	CITY, STATE 2P CODE	2
TICKET № 21741			Murfin Delg Co. Inc.	ADDRESS	SW
)

SWIFT Services, Inc. DATE 8-13-12 PAGE NO. JOB LOG CUSTONER Martin Dolg Go, Inc WELL NO. B # 3 LEASE Johnson JOB TYPE TICKET NO. PTA 21741 PRESSURE (PSI) RATE (8PM) VOLUME (BBL) (GAL) GHART NO. PUMPS TIME -DESCRIPTION OF OPERATION AND MATERIALS CASING TC TUBING anles will.T. 1130 27 ×52 × 3345' 1. t Plug 3345' Start Coment 150sks the Poz HEgel 300 Hulls 5 Ø 400 1225 Start wtr 40 [0 5 50 Balanced 1235 5 2nd Plug 2200' Start Coment 150sks Foloz 4% gel 300" Hulls 1305 0 5 400 5 40/0 Start With 800 3 1315 Balanced 3rd Plug 1000' Start Cement 45sks 4 Poz 4 Hogel 700# Hulls Circ Cement/start wtr 5 0 1335 5 12/0 1340 Balancel TOOH w/ Thy Top- If 5'2" 45 sks 40 Poz 4/ogel 100 Halls 1400 ١. 1,5 ル Hook up To 12" Start Conent 40sk 40Poz 4% gel Collar fillingup shutdown 1430 \mathcal{O} 10 390 sks 40 loz 4/6g 1 52" 900#Hulls 40sks % Poz 4% gel 12" Thank you Nick David E., Jon + Isoare .