



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

KANSAS CORPORATION COMMISSION 1162997
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



P. O. Box 466
Ness City, KS 67560
Off: 785-798-2300



Invoice

DATE	INVOICE #
7/18/2012	21813

BILL TO
Murfin Drilling Co Inc PO Box 661 Colby, KS 67701-0661

- Acidizing
- Cement
- Tool Rental

TERMS	Well No.	Lease	County	Contractor	Well Type	Well Category	Job Purpose	Operator
Net 30	#4	Elvin	Decatur	Company Rig	Injection	Workover	PTA	Dave
PRICE REF.	DESCRIPTION				QTY	UM	UNIT PRICE	AMOUNT
575W	Mileage - 1 Way				100	Miles	6.00	600.00T
576W-P	Pump Charge - PTA				1	Job	1,000.00	1,000.00T
275	Cotton Seed Hulls				8	Sack(s)	25.00	200.00T
290	D-Air				3	Gallon(s)	35.00	105.00T
328-4	60/40 Pozmix (4% Gel)				290	Sacks	11.50	3,335.00T
581W	Service Charge Cement				450	Sacks	2.00	900.00T
583W	Drayage				1,887.75	Ton Miles	1.00	1,887.75T
	Subtotal							8,027.75
	Sales Tax Decatur County						7.30%	586.03
USED FOR					<u>PTA</u>			
APPROVED					<u>[Signature]</u>			
PM01	2112.0004.1	8613.78	PTA	#4				
We Appreciate Your Business!							Total	\$8,613.78



CHARGE TO: MURPHY OIL
 ADDRESS _____
 CITY, STATE, ZIP CODE _____

TICKET No 21813

PAGE 1 OF 1

SERVICE LOCATIONS	WELL/PROJECT NO.	LEASE	COUNTY/PARISH	STATE	CITY	DATE	OWNER
1. <u>HMB</u>	<u>4</u>	<u>ELIN</u>	<u>Deaturie</u>	<u>LA</u>		<u>07-18-12</u>	
2. <u>NSS</u>	TICKET TYPE <input checked="" type="checkbox"/> SERVICE <input type="checkbox"/> SALES	CONTRACTOR	RIG NAME/NO.	SHIPPED VIA	DELIVERED TO	ORDER NO.	
			<u>Co Ric</u>	<u>CT</u>	<u>Madaya</u>		
3.	WELL TYPE	WELL CATEGORY	JOB PURPOSE	WELL PERMIT NO.	WELL LOCATION		
	<u>Indetion</u>	<u>Abandon</u>	<u>PTA</u>				
4.	REFERENCE LOCATION	INVOICE INSTRUCTIONS					

PRICE REFERENCE	SECONDARY REFERENCE/ PART NUMBER	ACCOUNTING			DESCRIPTION	QTY.	UM	QTY.	UM	UNIT PRICE	AMOUNT
		LOC	ACCT	DF							
<u>575</u>					MILEAGE	<u>4</u>	<u>MI</u>			<u>6.00</u>	<u>600.00</u>
<u>576-P</u>					Pump Service	<u>1</u>	<u>EA</u>			<u>1000.00</u>	<u>1000.00</u>
<u>075</u>					CORRECTION	<u>8</u>	<u>EA</u>			<u>25.00</u>	<u>200.00</u>
<u>290</u>					DAIR	<u>3</u>	<u>LAB</u>			<u>35.00</u>	<u>105.00</u>
<u>398-4</u>					BO-410002 4YR SEC	<u>2</u>	<u>SK</u>			<u>11.50</u>	<u>3335.00</u>
<u>581</u>					SERVICE CTR CON	<u>4</u>	<u>SK</u>			<u>2.00</u>	<u>900.00</u>
<u>593</u>					DAIRY	<u>1887.25</u>	<u>TK</u>			<u>1.00</u>	<u>1887.25</u>

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: 07/18/12 TIME SIGNED: 1:30 A.M. P.M.

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

PAGE TOTAL: 8007 25
 Decatur Tax 7.3% 586.03
 TOTAL: 8613 78

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

SWIFT OPERATOR: Danck APPROVAL: _____

Thank You!

JOB LOG

SWIFT Services, Inc.

DATE 07-18-12 PAGE NO. 1

CUSTOMER MURFINDRILL WELL NO. 4 LEASE ELWIN JOB TYPE PTA TICKET NO. 21813

CHART NO.	TIME	RATE (BPM)	VOLUME (BB) (GAL)	PUMPS		PRESSURE (PSI)		DESCRIPTION OF OPERATION AND MATERIALS
				T	C	TUBING	CASING	
	1130							DRILLING CMT 450 SLS 60-40PUC 4 1/2 SEC 900' HULLS 3 5/8 266' 2 1/2 x 4 1/2 PUC 390' PERGS 3522' 3678'
	1215	5.0	0	✓		0		15 PUS TBL @ 3510 8 DSG 1/300' HULLS
		5	21.0	✓		500		END
	1220		30	✓		500		H2O PUC TBL
				✓				2nd PUC TBL @ 2433
	1300	5.0	0	✓		0		8 DSG 1/300' HULLS
		5	21.0	✓		400		END
	1305		20	✓		400		H2O 3rd PUC PUC TBL
								3rd PUS TBL @ 1163
	1340	4.0	0	✓		0		57 CMT - 110 SLS 1/75' HULLS
		5	11.0	✓		400		CIR CMT / WTR
			28.0	✓				CIR CMT
	1350		30	✓				END PUC TBL OUT
	1430		.5	✓		250		H2O @ 8 5/8
	1440		5.0	✓				TOP OFF 1/2 FULL 20 SLS
								290 SLS TOTAL 575' HULLS 8 SLS
								THANK YOU! DAVE, JOSH, ROB