



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

KANSAS CORPORATION COMMISSION 1163186
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 #
6/22/2012	21450

BILL TO
Murfin Drilling Co Inc P. O. Box 130 Hill City, KS 67642-0130
USED FOR
APPROVED

- Acidizing
- Cement
- Tool Rental

P.A.
[Signature]

TERMS	Well No.	Lease	County	Contractor	Well Type	Well Category	Job Purpose	Operator
Net 30	#14	Sutor A	Rooks	Company Tools	Oil	OWWO	PTA	Nick
PRICE REF.	DESCRIPTION				QTY	UM	UNIT PRICE	AMOUNT
575W	Mileage - 1 Way				50	Miles	6.00	300.00T
576W-P	Pump Charge - PTA - 1446 Feet				1	Job	1,000.00	1,000.00T
290	D-Air				2	Gallon(s)	35.00	70.00T
328-4	60/40 Pozmix (4% Gel)				200	Sacks	11.50	2,300.00T
581W	Service Charge Cement				450	Sacks	2.00	900.00T
583W	Drayage				942	Ton Miles	1.00	942.00T
	Subtotal							5,512.00
	Sales Tax Rooks County						6.30%	347.26
PA101	7272.00	5.1	5859.26	PTA	#14			
Thank You For Your Business!							Total	\$5,859.26



Services, Inc.

CHARGE TO: Martin D-1g
 ADDRESS:
 CITY, STATE, ZIP CODE

TICKET No 21450

PAGE 1 OF 1

SERVICE LOCATIONS
 1. Hays, Ks. WELLS/PROJECT NO. A #14 LEASE Suter COUNTY/PARISH Rooks STATE Ks DATE 6-22-12 OWNER Samm
 2. Ness City, Ks. TICKET TYPE CONTRACTOR CONTRACTOR Co Tails RIG NAME NO. CT SHIPPED VIA Location ORDER NO.
 3. WELL TYPE oil WELL CATEGORY owned JOB PURPOSE PTA DELIVERED TO Location WELL PERMIT NO.
 4. REFERRAL LOCATION INVOICE INSTRUCTIONS

PRICE REFERENCE	SECONDARY REFERENCE/ PART NUMBER	ACCOUNTING			DESCRIPTION	MILEAGE	QTY.	UM	QTY.	UM	UNIT PRICE	AMOUNT
		LOC	ACCT	DF								
575						4111	50	mi			6.00	300.00
576P					Pump Charge (PTA)		1	ea	1416		1000.00	1000.00
290					Callers seal Halls		2	gal			35.00	70.00
328-4					D-Air		200	cks			11.50	2300.00
581					Co. Paradox 49 gals		450	cks			2.00	900.00
583					Cement Service Charge		942	YM			1.00	942.00
					Drayage							
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 <input type="checkbox"/> OUR EQUIPMENT PERFORMED WITHOUT BREAKDOWN? <input type="checkbox"/> WE UNDERSTOOD AND MET YOUR NEEDS? <input type="checkbox"/> OUR SERVICE WAS PERFORMED WITHOUT DELAY? <input type="checkbox"/> WE OPERATED THE EQUIPMENT AND PERFORMED JOB CALCULATIONS SATISFACTORILY? <input type="checkbox"/> ARE YOU SATISFIED WITH OUR SERVICE?												
DATE SIGNED <u>6-22-12</u> TIME SIGNED <u>10:30</u> <input type="checkbox"/> A.M. <input type="checkbox"/> P.M. SWIFT OPERATOR <u>Mark P. Pardo</u> APPROVAL												
CUSTOMER ACCEPTANCE OF MATERIALS AND SERVICES The customer hereby acknowledges receipt of the materials and services listed on this ticket.												
TOTAL 5859.26												

Thank You!