

Employee of Operator or Operator on above-described well,

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

1163573

Form CP-4
March 2009
Type or Print on this Form
Form must be Signed
All blanks must be Filled

WELL PLUGGING RECORD

API No. 15 - _____ OPERATOR: License #: Spot Description: _-__- Sec. ___ Twp. ___ S. R. ___ East West Address 1: ___ Feet from North / South Line of Section Address 2: ___ _____ Feet from East / West Line of Section Contact Person: ____ Footages Calculated from Nearest Outside Section Corner: Phone: (_____) _____ NE NW SE SW Type of Well: (Check one) Oil Well Gas Well OG D&A Cathodic County: ____ Water Supply Well Other: SWD Permit #:_ Lease Name: ______ Well #:_____ ENHR Permit #: _____ Gas Storage Permit #: ____ Date Well Completed: ___ Is ACO-1 filed? Yes No If not, is well log attached? Yes No The plugging proposal was approved on: ____ Producing Formation(s): List All (If needed attach another sheet) _____(KCC **District** Agent's Name) _____ Depth to Top: _____ Bottom: _____ T.D. ___ Plugging Commenced:_____ ___ T.D. ___ _ Depth to Top: ___ Bottom: Plugging Completed:_____ ______ Depth to Top: _____ Bottom: _____ T.D. ____ Show depth and thickness of all water, oil and gas formations. Oil, Gas or Water Records Casing Record (Surface, Conductor & Production) Size Pulled Out Formation Content Casing Setting Depth 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. _____ Name: ___ Plugging Contractor License #: ___ Name of Party Responsible for Plugging Fees: ____ _____ County, ______ , ss.

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.

(Print Name)

24 S. Lincoln Street P.O. Box 31 Russell, KS 67665-2906

(817) 546-7282 Voice: Fax:

(817) 246-3361

USED FOR_ APPROVED. Acely - auf RSI
angl

INVOICE
Invoice Number

Invoice Number: 129175 Invoice Date: Nov 1, 2011 Page:

Murfin Drilling Co., Inc.

P.O. Box 288 Russell, KS 67665 Federal Tax I.D.#: 20-5975804

ADC							
Onstanding	Wall Name III or Quatomer P.Q.	Paymen Paymen	Tems Emel				
Murfin	Johnson B#7	Net 30					
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KS2-03	Russell	Nov 1, 2011	12/1/11				

्रि Quantity	llem	Description) Uniterities	Amount
225.00	MAT	Class A Common	16.25	3,656.25
150.00	MAT	Pozmix	8.50	1,275.00
15.00	MAT	Gel	21.25	318.75
5.00	MAT	Cottonseed Hulls	31.85	159.25
375.00	SER	Handling.	2.25	843.75
14.00	SER	Mileage	41.25	577.50
1.00	SER	Plug Abandoned Well	1,250.00	1,250.00
14.00	SER	Heavy Vehicle Mileage	7.00	98.00
14.00	SER	Light Vehicle Mileage	4.00	56.00
1.00	CEMENTER	Glenn Ginther		
1.00	OPER ASSIST	Woody O'Neil		
1.00	OPER ASSIST	Tony Pfannenstiel		
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00.101	111 60 10 1	gran or Oly March 1	10111 14 0 F	h
(KIV) 392	14.0019.1	8,753.27 Plug Khondoned	Well # B-	

ALL PRICES ARE NET, PAYABLE 30 DAYS FOLLOWING DATE OF INVOICE. 11/2% CHARGED THEREAFTER. IF ACCOUNT IS CURRENT, TAKE DISCOUNT OF



ONLY IF PAID ON OR BEFORE (Nov 26), 200H

33.LI	F IVU FIVURIODEKA ITYWI	<u> </u>
Subtotal	, , ,	8,234.50
Sales Tax		518.77
Total Invoice A	8,753.27	
Payment/Cred	t Applied	
TOTAL		(873827)

ALLIED CEMENTING CO., LLC. 038183 Federal Tax I.D.# 20-5975804 SERVICE POINT: POJBOX 31 RUSSELL, KANSAS 67665 **REMIT TO** <u>-lissel</u> JOB FINISH JOB START TWP. RANGE CALLED OUT ON LOCATION SEC. 11:000 //130Am STATE GASAS LOCATION Hay'S N. TO BUCKEY Ellis OLD OR NEW (Circle one) OWNER CONTRACTOR Co Tours TYPE OF JOB PIUG ABAHOMED Well CEMENT Ţ.D. HOLE SIZE AMOUNT ORDERED 375 CASING SIZE DEPTH TUBING SIZE 2 7/8 500 # Thill's DEPTH DRUL PIPE & 5/8 SORFACE DEPTH DEPTH TOOL COMMONARS SX PRES. MAX MINIMUM @ g 50 POZMIX 150 Sx MEAS. LINE SHOE JOINT CEMENT LEFT IN CSG. GEL 15 CHLORIDE PERFS. ര DISPLACEMENT ASC_ 3114H @ 31. EQUIPMENT **@** CEMENTER GIENN PUMPTRUCK @ HELPER WOOD 412 **BULK TRUCK** 0 493 DRIVER **BULK TRUCK** @ HANDLING 375 TOTAL EX @2 517.50 MILEAGE 14 TON MILE TOTAL 6830,50 REMARKS: 27/8 TUBING @ 3558' Spot 100 schement Spot 100 5x Coment of 100# CHOWN ATTO Coment to SURFINE Huis, @ 2500' SERVICE W 12 SXCemat of Moth Hulls, Pulled 278, DEPTH OF JOB 1250,00 Polled Tuziny of Cap OFF W/ 35 SX Count. PUMP TRUCK CHARGE 85% Backson Mixed TS SX Coment @ EXTRA FOOTAGE SOO # MAX PRT. 4 Shut in e 500# MILEAGE 14 HVINE @ 7 MANIFOLD_ ൶ 14 mile LV MI 0 CHARGETO: MURFIN DAILING COMPONY THE STREET_ ZIP. STATE PLUG & FLOAT EQUIPMENT 0 To Allied Cementing Co., LLC. 0 You are hereby requested to rent cementing equipment and furnish cementer and helper(s) to assist owner or contractor to do work as is listed. The above work was TOTAL done to satisfaction and supervision of owner agent or contractor. I have read and understand the "OENERAL SALES TAX (If Any) TERMS AND CONDITIONS" listed on the reverse side. TOTAL CHARGES PRINTED NAME DISCOUNT IF PAID IN 30 DAYS **YTURE** =