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** 

1163681

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 #:	API No. 15
Name:	Spot Description:
Address 1:	Sec Twp S. R East West
Address 2:	Feet from North / South Line of Section
City: State: Zip: +	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   Water Supply Well Other: SWD Permit #: SWD Permit #: SWD Permit #:   ENHR Permit #: Gas Storage Permit #: Is ACO-1 filed? Yes No   Producing Formation(s): List All (If needed attach another sheet) Yes No   Depth to Top: Bottom: T.D.   Depth to Top: Bottom: T.D.	County: Well #: Uell #: Date Well Completed: (Date) by: (KCC District Agent's Name) by: (KCC District Agent's Name) Plugging Commenced: 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)						
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	g Fees:		
State of	County,	, SS.	
	(Print Name)		or or Operator on above-described well
haing first duly sugar an asthe says. The	at I have knowledge of the factor	totomonto, and mottors harain contained, and the la	a of the choice described well is so filed on

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

KD cc, MF tecty\_ Invoice P. O. Box 466 Ness City, KS 67560 7 DATE INVOICE # 9/14/2011 20311 Services. lac. BILL TO Acidizing Murfin Drilling Co Inc Cement PO Box 661

Colby, KS 67701-0661

• Tool Rental

TERMS	Well N	o. Lease	County	Contractor	Wel	I Туре	W	ell Category	Job Purpose	Operator
Net 30	#0	L Elvin	Decatur	Company Rig		Oil		Workover	РТА	Don
PRICE	REF.	•=	DESCRIPT	TION		QT	(	UМ	UNIT PRICE	AMOUNT
575W 576W-P 290 279 275 328-4 581W 583W		Mileage - 1 Way Pump Charge - P' D-Air Bentonite Gel Cotton Seed Hull 60/40 Pozmix (49 Service Charge C Drayage Subtotal Sales Tax Decatu	Gel) ement				450 2.56 2.2	Job Gallon(s) Sack(s) Sacks Sacks Ton Miles	6.00 1.000.00 35.00 25.00 11.50 2.00 1.00 7.30%	480.00T 1,000.00T 175.00T 275.00T 4,600.00T 900.00T 1,592.56T 9,322.56 680.55
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Thank You!	. 0					APPROVAL	Louis	SWIFJ OPERATOR
		listed on this ticket.	ppt of the materials and services listed on this ticket.		CUSTOMER ACCEPTANCE OF MATERIALS AND SERVICES The customer hereby acknowledges rec	CEPTANCE OF MATE	CUSTOMER A	
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	TOTA	3		ARE TOD SATISFIED	_		TIME SIGNED	DATE SIGNED
680 55	7.3%		FORMED JOB TIORELY?	AND PERFORMED JOB CALCULATIONS SATISFACTORILY?	NESS CITY KS 67560			× : / /
	Decatur		QUIPMENT	WE OPERATED THE EQUIPMENT			MUST BE SIGNED BY CUSTOMER OR CUSTOMER'S AGENT PRIOR TO START OF WORK OR DELIVERY OF GOODS	MUST BE SIGNED BY CUSTOM
				MET YOUR NEEDS?	SWIFT SERVICES INC	-	Y provisions.	LIMITED WARRANTY provisions.
2322 KG			D N?	WITHOUT BREAKDOWN?		MNITY, and	the terris and conditions on the reverse side hereon which include, but are not limited to. PAYMENT, RELEASE, INDEMNITY, and	but are not limited to, I
	PAGE TOTAL	DECIDED AGREE	FORMEN	OUR EQUIPMENT PER	REMIT PAYMENT TO:		LEGAL TERMS: Customer hereby acknowledges and agrees to	LEGAL TERMS: Cust
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28000	60		1W 08		MILEAGE #1/13			575
AMOUNT	PRICE	QTY UM	OTY. UM		DESCRIPTION	C ACCT DF	SECONDARY REFERENCE/ PART NUMBER LOC	PRICE
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NER	DATE   OWNER	DATE 9-,	Y	STATE	# 2 COUNTYPARISH	LEASE	WELLIPROJECT NO. E/Vin TICKET TYPE CONTRACTOR	SERVICE LOCATIONS
	PAGE					CITY, STATE, ZIP CODE	es, Inc.	Services,
	20311				Ury Co.	MORESS Jry		
	TICKET					CHARGE TO:	IFT	N S N

STOME	fin Def	· 10.	WELL NO.	0	/	LEASEEIV	Serv	JOB TYPE
CHART	TIME	RATE (BPM)	VOLUME	PUN		PRESSUI		
NO.			(BBL) (GAL)	T	c	TUBING	CASING	DESCRIPTION OF OPERATION AND MATERIALS
<del></del>	0945				┢──	27/8	5 k	On location w/ 450 sts 60/40 Bz, 44
	┨				ļ		<b></b>	1200 # Gel 800 # Hulls - 113ks
	<u> </u>	· · · · ·	· · · ·					Set up TAL - TO 3868' Rots @ 3502's
	1015	2					50	783 @3921 - Start 1200 Gel
		2/2	- 40				50	Fiz gol - Start 60 stolant & 650 +
	L	3	40				25	Fin cent - Just gotting pros/Blay on An
<u> </u>		2	<b>\$</b> 2				150	Disp1 & 381 Hob - Fin Hob - Was
	10:45						Vac	Fin 1st SI The The
	11:15		· ·					Fin 1st Plug - Pall The to 2199'
		3						Toge a199' Here 2214'
			30/2				n - 1	Start 110 sks unt) and 400 thulls
	11:30		10/2		╾┦		toc	Fin out & Hulls - Displ 2851 H.O
:	1.00	- <del></del>	╉╸┈╁	- +				Fi 2 " Plug - Full they to 1099'
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{	12,15		20				100	Start cut tocie 2 sts thills
		21/2	23				100	autic / then gol -cont mining
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	12:30				_			Fir 3th Ale (25"SAS Cut) 2 Hull
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