



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

KANSAS CORPORATION COMMISSION 1163737
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.

(Print Name) Employee of Operator or Operator on above-described well,

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

LP



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



Invoice

DATE	INVOICE #
9/22/2011	20317

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	A #2-2	Cahoj	Rawlins	Company Rig	Oil	Workover	PTA	Don

PRICE REF.	DESCRIPTION	QTY	UM	UNIT PRICE	AMOUNT
575W	Mileage - 1 Way	120	Miles	6.00	720.00T
576W-P	Pump Charge - PTA	1	Job	1,000.00	1,000.00T
290	D-Air	5	Gallon(s)	35.00	175.00T
275	Cotton Seed Hulls	10	Sack(s)	25.00	250.00T
279	Bentonite Gel	10	Sack(s)	25.00	250.00T
328-4	60/40 Pozmix (4% Gel)	450	Sacks	11.50	5,175.00T
581W	Service Charge Cement	450	Sacks	2.00	900.00T
583W	Drayage	2,373.84	Ton Miles	1.00	2,373.84T
	Subtotal				10,843.84
	Sales Tax Rawlins County			8.05%	872.93

USED FOR PTA
APPROVED [Signature]

Account	Unit	W	No.	Amount	Description
PA101	2 #2-2	L	1045	11716.77	CEMENT JOB - PTA
					#2-2

We Appreciate Your Business! **Total** \$11,716.77



Services, Inc.

CHARGE TO: Manuel Dely Co.
 ADDRESS: _____
 CITY, STATE, ZIP CODE: _____

TICKET
20317

PAGE 1 OF 1

SERVICE LOCATIONS	WELL/PROJECT NO.	LEASE	COUNTY/PARISH	STATE	CITY	DATE	OWNER
1. <u>Chavez, St</u>	<u>2-2</u>	<u>Adelsi 'A'</u>	<u>Rawlins</u>	<u>KS</u>		<u>9-22-11</u>	
2. <u>Ness St, St</u>	TICKET TYPE <u>SALES</u>	CONTRACTOR <u>CS</u>	RIG NAME/NO.	SHIPPED VIA <u>CT</u>	DELIVERED TO <u>NW/Alvarez</u>	ORDER NO.	
3.	WELL TYPE <u>Oil</u>	WELL CATEGORY <u>Port Over</u>	JOB PURPOSE <u>Play to Shocker</u>	WELL PERMIT NO.	WELL LOCATION		
4.	INVOICE INSTRUCTIONS						

PRICE REFERENCE	SECONDARY REFERENCE/ PART NUMBER	LOC	ACCTG ACCT	DF	DESCRIPTION	QTY.	UM	QTY.	UM	UNIT PRICE	AMOUNT	
575		1			MILEAGE #113	120	Mi			400	72000	
576 P		1			Pump Charge - PTH	1	ea			100000	100000	
890		1			D-Aies	5	gal			3500	17500	
275		1			Costen Seal Halls	10	sts			7500	25000	
279		1			Beaunite Gel	10	sts			10000	25000	
328-4		2			600/400 P82, 400 Gal	450	sts			37814	11500	
581		2			Service Charge - Cement	450	sts			400	90000	
583		2			Drays	2373.84	hrs			39564	145	
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.					REMIT PAYMENT TO:					PAGE TOTAL		
MUST BE SIGNED BY CUSTOMER OR CUSTOMER'S AGENT PRIOR TO START OF WORK OR DELIVERY OF GOODS					SWIFT SERVICES, INC.					1084384		
DATE SIGNED: <u>9-22-11</u> TIME SIGNED: <u>11:00</u> <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM					P.O. BOX 466					18.05%		
X <u>[Signature]</u>					NESS CITY, KS 67560					872.93		
SWIFT OPERATOR: <u>[Signature]</u>					CUSTOMER ACCEPTANCE OF MATERIALS AND SERVICES					TOTAL		
APPROVAL: <u>[Signature]</u>					The customer hereby acknowledges receipt of the materials and services listed on this ticket.					11,716.77		

Thank You!

