



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

KANSAS CORPORATION COMMISSION 1165030
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



Accty

~~cc: JDF~~
~~cc: LK-1~~

KD

Invoice

DATE	INVOICE #
8/29/2011	20333

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	#2	Elvin	Decatur	Company Tools	Oil	OWWO	PTA	Nick
PRICE REF.	DESCRIPTION				QTY	UM	UNIT PRICE	AMOUNT
575W	Mileage - 1 Way				90	Miles	6.00	540.00T
576W-P	Pump Charge - PTA - 3421 Feet				1	Job	1,000.00	1,000.00T
275	Cotton Seed Hulls				7	Sack(s)	25.00	175.00T
279	Bentonite Gel				6	Sack(s)	25.00	150.00T
290	D-Air				4	Gallon(s)	35.00	140.00T
328-4	60/40 Pozmix (4% Gel)				350	Sacks	11.50	4,025.00T
581W	Service Charge Cement				350	Sacks	2.00	700.00T
583W	Drayage				1,317	Ton Miles	1.00	1,317.00T
	Subtotal							8,047.00
	Sales Tax Decatur County						7.30%	587.43

USED FOR PA

APPROVED IT

Account	Inv. No.	Inv. D.	No.	Amount	Description
PA101	2	#2	2112	8634.43	Cement JDS - PTA #2

We Appreciate Your Business!

Total

\$8,634.43



CHARGE TO: Marlin Dalg Co. Inc.
 ADDRESS: _____
 CITY, STATE, ZIP CODE: _____

TICKET
20333

PAGE 1 OF 1

SERVICE LOCATIONS: 1. Hays, KS 2. Ness City, KS

WELL/PROJECT NO. #2 LEASE Elvin COUNTY/PARISH Deatur STATE KS DATE 8-29-11 OWNER Same

TICKET TYPE SERVICE SALES CONTRACTOR Le Tools RIG NAME/NO. _____ ORDER NO. _____

WELL TYPE oil WELL CATEGORY oil JOB PURPOSE PTA SHIPPED VIA Location DELIVERED TO Location WELL PERMIT NO. _____

REFERRAL LOCATION _____ INVOICE INSTRUCTIONS _____ WELL LOCATION _____

PRICE REFERENCE	SECONDARY REFERENCE/ PART NUMBER	ACCOUNTING			DESCRIPTION	MILEAGE	QTY.	U/M	QTY.	U/M	UNIT PRICE	AMOUNT
		LOC	ACCT	DF								
575					#111	20	gal	3421	1	1000	1000	540.00
576-P					Pump Charge (PTA)	1	gal	3421	1	1000	1000	1000.00
275					Cottonseed Halls	7	sks			25.00	175.00	175.00
279					Bentonegel	6	sks			25.00	150.00	150.00
290					D-Air	4	gal			35.00	140.00	140.00
328-4					oil Pozmix 4% gel	350	sks			11.50	4025.00	4025.00
581					Coast Service Charge	350	sks			2.00	700.00	700.00
583					Drayage	1317	WHL			1.00	1317.00	1317.00

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 8-29-11 TIME SIGNED 1300 A.M. P.M.

DATE SIGNED _____ TIME SIGNED _____ 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?	OUR SERVICE WAS PERFORMED WITHOUT DELAY?	WE OPERATED THE EQUIPMENT AND PERFORMED JOB CALCULATIONS SATISFACTORILY?	ARE YOU SATISFIED WITH OUR SERVICE?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

CUSTOMER DID NOT WISH TO RESPOND

PAGE TOTAL 8047.00

TOTAL 8634.43

TAX 7.3%

Deatur

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

SWIFT OPERATOR Wade Burke APPROVAL _____

Thank You!

JOB LOG

SWIFT Services, Inc.

DATE 8-29-11 PAGE NO. 7

CUSTOMER *Mar Fin Ddg Co Inc* WELL NO. #2 LEASE *Elvia* JOB TYPE *PTA* TICKET NO. *20333*

CHART NO.	TIME	RATE (BPM)	VOLUME (BBL) (GAL)	PUMPS		PRESSURE (PSI)		DESCRIPTION OF OPERATION AND MATERIALS
				T	C	TUBING	CASING	
	1000							on loc setup Trks
								2 7/8" x 5 1/2"
								Perfs 3491'-3680'
								Perforated @ 2217' 1556'
								1st Plug 3421' 60sk gal 60sk cement 3sk skt Halls
	1015	4.5	0			100		Start gel 600# Bentonite
			20/0			100		start cent Halls 60sk 60% P 4% gel 250# Halls
			15/0			100		start wtr
	1025		3					Balanced
								2nd Plug 2208 110sk cement 2sk skt Halls
	1100	4.5	0			100		start Cent Halls 110sk 60% P 4% gel 150# Halls
			29/0			100		start wtr
	1110		3					Balanced
								3rd Plug 1088' 120sk cement 2sk skt Halls
	1140	4.5	0			100		start Cent Halls 120sk 60% P 4% gel 150# Halls
			31/0			100		start wtr
	1150		3					Balanced
								4th Plug 570' 40sk 60% P 4% gel
	1215	4	0					start Cent
		4	10/0					start wtr
	1220		3					Balanced
								TOO H
	1240	2	0					start Cent 20sk 60% P 4% gel
			6					End Cent
								Dropped rock 8 seconds to fluid
								Will Top off later
								Thank you
								Nick, Josh F & David

Accty — cc WP



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



Invoice

DATE	INVOICE #
9/14/2011	20312

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	#2	Elvin	Decatur		Oil	Workover	PTA - Top Off...	Don

PRICE REF.	DESCRIPTION	QTY	UM	UNIT PRICE	AMOUNT
575W	Mileage - 1 Way	5	Miles	6.00	30.00T
576W-P	Pump Charge - PTA	1	Job	1,000.00	1,000.00T
290	D-Air	1	Gallon(s)	35.00	35.00T
328-4	60/40 Pozmix (4% Gel)	50	Sacks	11.50	575.00T
	Subtotal				1,640.00
	Sales Tax Decatur County			7.30%	119.72

USED FOR PIA
APPROVED ET R

Account	U/P Req	W I	No.	Amount	Description
PA101	2	#2	2112	1759.72	Cement Job - PIA #2

Thank You For Your Business! **Total** \$1,759.72



Services, Inc.

CHARGE TO: Master Card Co.
 ADDRESS
 CITY, STATE, ZIP CODE

TICKET
 20312

PAGE 1 OF 1

SERVICE LOCATIONS
 1. Hays, KS WELLS/PROJECT NO. #2 LEASE Elum COUNTY/PARISH Decatur STATE KS CITY DATE 9-19-11 OWNER
 2. Ness, KS WELLS/PROJECT NO. NA LEASE NA COUNTY/PARISH NA STATE KS CITY ORDER NO.
 3. NA WELLS/PROJECT NO. NA LEASE NA COUNTY/PARISH NA STATE KS CITY DELIVERED TO NA WELLS/PROJECT NO.
 4. Oil WELLS/PROJECT NO. NA LEASE NA COUNTY/PARISH NA STATE KS CITY WELLS/PROJECT NO. NA WELLS/PROJECT NO. NA WELLS/PROJECT NO. NA WELLS/PROJECT NO. NA

TICKET TYPE SALES CONTRACTOR NA RIG NAME NO. NA SHIPPED VIA CT DELIVERED TO NA WELLS/PROJECT NO. NA WELLS/PROJECT NO. NA WELLS/PROJECT NO. NA WELLS/PROJECT NO. NA

WELL TYPE Oil WELL CATEGORY Workover JOB PURPOSE PTA - Top off well WELLS/PROJECT NO. NA WELLS/PROJECT NO. NA WELLS/PROJECT NO. NA WELLS/PROJECT NO. NA

INVOICE INSTRUCTIONS

PRICE REFERENCE	SECONDARY REFERENCE/ PART NUMBER	ACCOUNTING			DESCRIPTION	QTY.	UM	QTY.	UM	UNIT PRICE	AMOUNT
		LOC	ACCT	DF							
575					MILEAGE #113	5	mi			600	3000
576 P					Funny Charge - PTA	1	per			10000	10000
290					D-Air	1	gal			3500	3500
388-4					oil/gal Frz, 40/60 gal	50	gls			1150	57500
					Drayage - See TEL # 20311						

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 9-19-11 TIME SIGNED 14:00 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? YES NO

WE UNDERS TOOD AND MET YOUR NEEDS? YES NO

OUR SERVICE WAS PERFORMED WITHOUT DELAY? YES NO

WE OPERATED THE EQUIPMENT AND PERFORMED JOB CALCULATIONS SATISFACTORILY? YES NO

ARE YOU SATISFIED WITH OUR SERVICE? YES NO

CUSTOMER DID NOT WISH TO RESPOND

PAGE TOTAL 1640.00

Decatur TAX 7.33% 119.72

TOTAL 1759.72

SWIFT OPERATOR John Seaman APPROVAL John Seaman

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

Thank You!

