



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

KANSAS CORPORATION COMMISSION 1167240
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 #
6/23/2010	18019

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	#37	Texaco-Cahoj	Rawlins	Murfin Drilling	Injection	Workover	PTA	Dave
PRICE REF.	DESCRIPTION							AMOUNT
575W		Mileage - 1 Way			100	Miles	5.00	500.00T
576W-P		Pump Charge - PTA			1	Job	750.00	750.00T
275		Cotton Seed Hulls			16	Sack(s)	25.00	400.00T
278		Calcium Chloride			5	Sack(s)	35.00	175.00T
279		Bentonite Gel			10	Sack(s)	25.00	250.00T
290		D-Air			3	Gallon(s)	35.00	105.00T
328-4		60/40 Pozmix (4% Gel)			410		9.75	3,997.50T
581W		Service Charge Cement			450	Sacks	1.50	675.00T
583W		Drayage			1,887.75	Ton Miles	1.00	1,887.75T
		Subtotal						8,740.25
		Sales Tax Rawlins County					7.05%	616.19
USED FOR <u>PTA 30</u> APPROVED <u>SK</u>								

We Appreciate Your Business!

Total

\$9,356.44



CHARGE TO: *MURFIN DRUG*

ADDRESS:

CITY, STATE, ZIP CODE:

TICKET
18019

PAGE 1 OF 1

SERVICE LOCATIONS 1. <i>HAYS</i>	WELL/PROJECT NO. <i>37</i>	LEASE <i>TEXACO-CANON</i>	COUNTY/PARISH <i>RAWLINS</i>	STATE <i>KS</i>	CITY	DATE <i>06-23-10</i>	OWNER
2. <i>NESS</i>	TICKET TYPE <input checked="" type="checkbox"/> SERVICE <input type="checkbox"/> SALES	CONTRACTOR	RIG NAME/NO. <i>MURFIN</i>	SHIPPED VIA <i>C.T.</i>	DELIVERED TO <i>1/2, 5/4, Atwood</i>	ORDER NO.	
3.	WELL TYPE <i>Injection</i>	WELL CATEGORY <i>ABANDON</i>	JOB PURPOSE <i>PTA</i>	WELL PERMIT NO.	WELL LOCATION		
4.	REFERRAL LOCATION	INVOICE INSTRUCTIONS					

PRICE REFERENCE	SECONDARY REFERENCE/ PART NUMBER	ACCOUNTING			DESCRIPTION	QTY.		U/M		UNIT PRICE	AMOUNT	
		LOC	ACCT	DF								
<i>575</i>		<i>1</i>			<i>MILEAGE #112</i>	<i>100</i>	<i>M</i>			<i>5.00</i>	<i>500</i>	<i>00</i>
<i>576P</i>		<i>1</i>			<i>Pump Service</i>	<i>1</i>	<i>EA</i>			<i>750.00</i>	<i>750</i>	<i>00</i>
<i>275</i>		<i>1</i>			<i>CUTTER SEED AUGER</i>	<i>16</i>	<i>SH</i>			<i>25.00</i>	<i>400</i>	<i>00</i>
<i>278</i>		<i>1</i>			<i>CALCIUM CHLORIDE</i>	<i>5</i>	<i>SH</i>			<i>35.00</i>	<i>175</i>	<i>00</i>
<i>279</i>		<i>1</i>			<i>BENTONITE GEL</i>	<i>10</i>	<i>SH</i>			<i>25.00</i>	<i>250</i>	<i>00</i>
<i>290</i>		<i>1</i>			<i>DAIR</i>	<i>3</i>	<i>KAL</i>			<i>35.00</i>	<i>105</i>	<i>00</i>
<i>328-4</i>		<i>2</i>			<i>60-40 4% GEL</i>	<i>410</i>	<i>SH</i>			<i>9.75</i>	<i>3997</i>	<i>50</i>
<i>581</i>		<i>2</i>			<i>SERVICE CHC CUT</i>	<i>450</i>	<i>SH</i>			<i>1.50</i>	<i>675</i>	<i>00</i>
<i>583</i>		<i>2</i>			<i>DAMAGE</i>	<i>1887.75</i>	<i>TM</i>			<i>1.00</i>	<i>1887</i>	<i>75</i>

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,

X *Buck Selas*

DATE SIGNED *06-23-10* TIME SIGNED *1000* A.M. P.M.

REMIT PAYMENT TO:

SWIFT SERVICES, INC.
P.O. BOX 466
NESS CITY, KS 67560
785-798-2300

SURVEY	AGREE	UN-DECIDED	DIS-AGREE	PAGE TOTAL	
OUR EQUIPMENT PERFORMED WITHOUT BREAKDOWN?				<i>8740</i>	<i>25</i>
WE UNDERSTOOD AND MET YOUR NEEDS?					
OUR SERVICE WAS PERFORMED WITHOUT DELAY?					
WE OPERATED THE EQUIPMENT AND PERFORMED JOB CALCULATIONS SATISFACTORILY?				<i>Rawlins TAX 7.05%</i>	<i>616 19</i>
ARE YOU SATISFIED WITH OUR SERVICE? <input type="checkbox"/> YES <input type="checkbox"/> NO				TOTAL	<i>9356 44</i>
<input type="checkbox"/> CUSTOMER DID NOT WISH TO RESPOND					

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

SWIFT OPERATOR *Dave* APPROVAL

Thank You!