



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

KANSAS CORPORATION COMMISSION 1168734
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



PO BOX 31 Russell, KS 67665

Voice: (785) 483-3887
Fax: (785) 483-5566

Accts -
cc: wt
cc Liz

INVOICE

Invoice Number: 121683
Invoice Date: Feb 23, 2010
Page: 1

PA
JTR

Bill To:
Murfin Drtg. Co., Inc.
250 N. Water
STE #300
Wichita, KS 67202

Federal Tax I.D.#: 20-5975804

Customer ID	Well Name # or Customer P.O.	Payment Terms
Murfin	Mabelle #1	Net 30 Days
Job Location	Camp Location	Service Date
KS2-03	Oakley	Feb 23, 2010
		Due Date
		3/25/10

Quantity	Item	Description	Unit Price	Amount
210.00	MAT	Class A Common	13.50	2,835.00
140.00	MAT	Pozmix	7.55	1,057.00
12.00	MAT	Gel	20.25	243.00
10.00	MAT	Cottonseed Hulls	31.05	310.50
350.00	SER	Handling	2.25	787.50
40.00	SER	Mileage 350 sx @ .05 per sk per mi	17.50	700.00
1.00	SER	Old Hole Plug	875.00	875.00
40.00	SER	Pump Truck Mileage	7.00	280.00

Subtotal	7,088.00
Sales Tax	393.38
Total Invoice Amount	7,481.38
Payment/Credit Applied	
TOTAL	7,481.38

ALL PRICES ARE NET, PAYABLE
30 DAYS FOLLOWING DATE OF
INVOICE. 1 1/2% CHARGED
THEREAFTER. IF ACCOUNT IS
CURRENT, TAKE DISCOUNT OF

\$ 7712.00

ONLY IF PAID ON OR BEFORE
Mar 20, 2010

ALLIEL CEMENTING CO., LLC. 039199

Federal Tax I.D.# 20-5975804

REMIT TO P.O. BOX 31
RUSSELL, KANSAS 67665

SERVICE POINT:

Oakley

DATE <u>2-23-10</u>	SEC. <u>25</u>	TWP. <u>18</u>	RANGE <u>24W</u>	CALLED OUT	ON LOCATION	JOB START	JOB FINISH
LEASE <u>Prubelle</u>	WELL # <u>1</u>	LOCATION <u>Wakenney</u>				<u>11:00AM</u>	<u>12:00pm</u>
OLD OR NEW (Circle one)						COUNTY <u>Graham</u>	STATE <u>Ks</u>

CONTRACTOR Murfin OWNER Same

TYPE OF JOB OHP

HOLE SIZE T.D.

CASING SIZE 5 1/2 DEPTH

TUBING SIZE 2 3/8 DEPTH 2795'

DRILL PIPE DEPTH

TOOL DEPTH

PRES. MAX MINIMUM

MEAS. LINE SHOE JOINT

CEMENT LEFT IN CSG.

PERFS.

DISPLACEMENT

EQUIPMENT

PUMP TRUCK CEMENTER Andrew

423-281 HELPER Larone

BULK TRUCK

396 DRIVER wil

BULK TRUCK DRIVER

REMARKS:

Mix 50 sbs with 200# hulls thru
Tubing at 2795'

Mix 100 sbs with 200# hull thru
Tubing @ 3026

circulate cement to surface
with 100 sbs 100# hulls @ 1192'

fill sh casing put sawedge on mix 50
sbs pressure to 200# mix 50 sbs down
back side pressure to 100#

Thank you

CHARGE TO: Murfin

STREET _____ STATE _____ ZIP _____

CEMENT

AMOUNT ORDERED 450 sbs @ 40

4% gel 600# hulls on side

used 350 sbs 500# hulls

COMMON 210 sbs @ 13.50 2835.00

POZMIX 140 sbs @ 7.55 1057.00

GEL 12 sbs @ 20.25 243.00

CHLORIDE _____

ASC _____

Hulls 500# 10 sbs @ 31.05 310.50

HANDLING 350 sbs @ 2.25 787.50

MILEAGE 10¢ sk/mile 700.00

TOTAL 5932.00

SERVICE

DEPTH OF JOB 2795'

PUMP TRUCK CHARGE 875.00

EXTRA FOOTAGE _____

MILEAGE 40 miles @ 7.00 280.00

MANIFOLD _____

TOTAL 1196.00

PLUG & FLOAT EQUIPMENT

_____ @ _____

_____ @ _____

_____ @ _____

_____ @ _____

_____ @ _____

TOTAL _____

SALES TAX (If Any) _____

TOTAL CHARGES _____

DISCOUNT _____ IF PAID IN 30 DAYS

To Allied Cementing Co., LLC.

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 done to satisfaction and supervision of owner agent or contractor. I have read and understand the "GENERAL TERMS AND CONDITIONS" listed on the reverse side.

PRINTED NAME _____

SIGNATURE John Murfin