



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

KANSAS CORPORATION COMMISSION 1169965
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 #
7/11/2008	14308

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	#17	Texaco Cahoj	Rawlins	Company Tools	Oil	Workover	PTA	Don
PRICE REF.	DESCRIPTION				QTY	UM	UNIT PRICE	AMOUNT
575W	Mileage - 1 Way				150	Miles	6.00	900.00T
576W-P	Pump Charge - PTA				1	Job	850.00	850.00T
290	D-Air				4	Gallon(s)	35.00	140.00T
275	Cotton Seed Hulls				8	Sack(s)	28.00	224.00T
279	Bentonite Gel				12	Sack(s)	24.00	288.00T
326	60/40 Pozmix (2% Gel)				350	Sacks	10.00	3,500.00T
279	Bentonite Gel				6	Sack(s)	24.00	144.00T
581W	Service Charge Cement				350	Sacks	1.90	665.00T
583W	Drayage				2,313.38	Ton Miles	1.75	4,048.42T
	Subtotal							10,759.42
	Sales Tax Rawlins County						6.30%	677.84
<p>USED FOR <u>PA</u></p> <p>APPROVED <u>JT</u></p>								
We Appreciate Your Business!							Total	\$11,437.26



Services, Inc.

CHARGE TO: Martin Drig Co.
 ADDRESS
 CITY, STATE, ZIP CODE

TICKET No 14308

PAGE 1 OF 1

SERVICE OPERATIONS	WELL/PROJECT NO. #17	LEASE	COUNTY/PARISH	STATE	CITY	DATE	OWNER
1. <u>Haystack</u>		<u>Texas</u>	<u>Wauvins</u>	<u>KS</u>		<u>7-17-08</u>	
2. <u>Ness City, KS</u>	TICKET TYPE <input checked="" type="checkbox"/> SERVICE <input type="checkbox"/> SALES	CONTRACTOR <u>CD Tools</u>	RIG NAME/NO.	SHIPPED VIA	DELIVERED TO	ORDER NO.	
3.	WELL TYPE <u>Oil</u>	WELL CATEGORY <u>Adaptor</u>	JOB PURPOSE <u>Plug to Standard</u>	<u>CT</u>	<u>Midland, KS</u>		
4. REFERRAL LOCATION	INVOICE INSTRUCTIONS		WELL PERMIT NO.		WELL LOCATION		

PRICE REFERENCE	SECONDARY REFERENCE/ PART NUMBER	ACCOUNTING			DESCRIPTION	QTY.	UM	QTY.	UM	UNIT PRICE	AMOUNT
		LOC	ACCT	DF							
575					MILEAGE #106	150	Mi			1.00	150.00
576P					Charge - PTA.	1				850.00	850.00
290					D-912	4	gal			35.00	140.00
275					Aspen Seed Halls	200	lbs		8.50	1.70	338.00
279					Benharite Gel	12	SK		19.00	228.00	228.00
326					60/100 Br (2% Gel)	350	SK		28.35	9.90	3500.00
279					Benharite Gel - Additional 2%	575	lbs		6.95	3.99	194.00
581					Service Charge - Cement	350	SK			1.90	665.00
583					Drayage	2313.38	Tm		308.45	1.75	4098.92

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 Burke Johnson
 DATE SIGNED 7-11-08 TIME SIGNED 1530 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	TOTAL
OUR EQUIPMENT PERFORMED WITHOUT BREAKDOWN?						
WE UNDERSTOOD AND MET YOUR NEEDS?						
OUR SERVICE WAS PERFORMED WITHOUT DELAY?						
WE OPERATED THE EQUIPMENT AND PERFORMED JOB CALCULATIONS SATISFACTORILY?						
ARE YOU SATISFIED WITH OUR SERVICE?	<input type="checkbox"/> YES	<input type="checkbox"/> NO				
		<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 1 Burke Johnson APPROVAL
 Thank You!

JOB LOG

SWIFT Services, Inc.

DATE 7-11-08 PAGE NO. 1

CUSTOMER *Mud-Tec Drilling Co.* WELL NO. *17* LEASE *Texas / Catraj* JOB TYPE *Cement - P.T.A.* TICKET NO. *17308*

CHART NO.	TIME	RATE (BPM)	VOLUME (BBL) (GAL)	PUMPS		PRESSURE (PSI)		DESCRIPTION OF OPERATION AND MATERIALS
				T	C	TUBING	CASING	
	11:00					2 3/8	5 1/2	Dr location - Setup TBS. Poreult Job
								Parts 2765' - 2270' - 400'
	11:30							Tbg @ 3100' A.
			40			✓		Mix & Pump 100 SKS 60/40 Pz, 4% gel and 500# Halls.
			40			✓		Tbg @ 1950'
	12:30		40			✓		Mix & Pump 12 SKS Gel - @ 15' BBI 75' have cir to Surface (Oil)
								both from 5 1/2 Ann & 8 5/8 Ann
								Tbg @ 400' (✓ 300# Halls)
	13:15		25			✓		Mix & Pump 150 SKS (60/40 Pz, 4% NO 5 1/2 Ann Returns
								at 140 SKS have cut cir 8 5/8" Ann only
								Shut Down
								Pull all Tbg
	14:00		25			✓		Mix & Pump 100 SKS down 5 1/2" CNS -
								cut down about 100'
								8 5/8 Ann - stayed full
	15:00							Job complete
								Washup & Packup
								Thank you Hon, Elaine J. Esb.