



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

KANSAS CORPORATION COMMISSION 1171695
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



TICKET
20795

CHARGE TO: CRANDFORDS OIL & GAS
 ADDRESS
 CITY, STATE, ZIP CODE

WELL/PROJECT NO.
 LEASE
 COUNTY/PARISH
 RIG NAME/NO.
 JOB PURPOSE

SERVICE LOCATIONS
 1. NESS CITY, KS
 2. SEARCHING 1-7
 3. H-D OILFIELD SERV
 4. Development

TICKET TYPE
 BL SERVICE
 SALES
 WELL TYPE
 OIL

CONTRACTOR
H-D OILFIELD SERV

WELL LOCATION
RESEARCH

DATE
25 MAY 11

ORDER NO.
25 MAY 11

WELL LOCATION
RESEARCH

WELL PERMIT NO.
77A

DELIVERED TO
LOCATION

OWNER
25 MAY 11

PRICE REFERENCE	SECONDARY REFERENCE/ PART NUMBER	ACCOUNTING		DESCRIPTION	QTY.	UOI	QTY.	UOI	UNIT PRICE	AMOUNT
		LOC	ACCT							
575		1			MILEAGE	1110			5.00	350.00
5767		1			PUMP CHARGE				7.50	750.00
279		1			BENTONITE GEL	15	SX		25.00	375.00
288		1			SAND 20/40 BRADY	22	SX		22.00	484.00
290		1			D-AIR	4	9AL		35.00	140.00
328-4		1			60/40 Pozmix - 4% G-1	150	SX		9.75	1462.50
581		1			SERVICE CHARGE CEMENT	150	SX		1.50	225.00
583		1			DRILLAGE	14105	BS	423.15	1.00	423.15

SURVEY

OUR EQUIPMENT PERFORMED WITHOUT BREAKDOWN?
 YES NO

WE UNDERSTOOD AND MET YOUR NEEDS?
 YES NO

OUR SERVICE WAS PERFORMED WITHOUT DELAY?
 YES NO

WE OPERATED THE EQUIPMENT AND PERFORMED JOB CALCULATIONS
 YES NO

ARE YOU SATISFIED WITH OUR SERVICE?
 YES NO

PAGE TOTAL
4159.65

Ford TAX 7.95%
195.69

TOTAL
4355.34

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

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
23 MAY 11

TIME SIGNED
1:15 PM

CUSTOMER ACCEPTANCE OF MATERIALS AND SERVICES
James E. Ruff

APPROVAL

The customer hereby acknowledges receipt of the materials and services listed on this ticket.

SWIFT OPERATOR

Thank You!

JOB LOG

SWIFT Services, Inc.

DATE 23 MAY 11 PAGE NO. 1

CUSTOMER CRAWFORD OIL & GAS WELL NO. LEASE SCHLICHTING 1-7 JOB TYPE PTA TICKET NO. 20795

CHART NO.	TIME	RATE (BPM)	VOLUME (BBL) (GAL)	PUMPS		PRESSURE (PSI)		DESCRIPTION OF OPERATION AND MATERIALS
				T	C	TUBING	CASING	
	1045							ON LOCATION
	1250							STOP OFF @ 2480'
								START PULLING CASING.
	1428	4	45		✓		Ø	MIX 15s x GEL @ 1420
	1442	4	13		✓		Ø	SET 1 ST PLUG 50s x @ 1480'
	1335	4	13		✓			SET 2 ND PLUG 50s x @ 1660'
	1607	4	8		✓			SET 3 RD PLUG 30s x @ 320'
	1619	4	4		✓			SET 4 TH PLUG 15s x @ 40'
	1630	2	1 1/2		✓			TOP WELL OFF - NO CEMENT TO SURFACE.
								59 TOTAL ITS PULLED.
	163							WASH TRUCK
								JOB COMPLETE
								THANKS # 110
								JASON JEFF LANE

