



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

KANSAS CORPORATION COMMISSION 1203372
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



CHARGE TO: JOE GERSTNER OIL
 ADDRESS _____
 CITY, STATE, ZIP CODE _____

TICKET

PAGE 1 OF _____

SERVICE LOCATIONS
 1. NESS CITY, KS WELL/PROJECT NO. _____ LEASE NORTON KE #3 COUNTY/PARISH NESS CITY NESS CITY, KS DATE 14 APR 14 TOWNER _____
 2. _____ CONTRACTOR NORTH FORK WELL SERV. RIG NAME/NO. _____ SHIPPED VIA _____ DELIVERED TO _____ ORDER NO. _____
 3. _____ WELL TYPE OIL WELL CATEGORY ABANDON JOB PURPOSE PTA WELL PERMIT NO. _____ WELL LOCATION 10W7N1W1N1W1N F210

PRICE REFERENCE	SECONDARY REFERENCE/ PART NUMBER	ACCOUNTING		DESCRIPTION	QTY.	U/M	QTY.	U/M	QTY.	U/M	UNIT PRICE	AMOUNT
		LOC	ACCT									
575				MILEAGE #115	25	mi					6.00	150.00
576P				Pump CHARGE	1	JOB					1000.00	1000.00
275				COTTON SEED HULLS	2	SX					32.00	64.00
290				D-4 AIR	2	gal					42.00	84.00
328-4				60/40 POZMIX 49266L	200	SX					12.00	2400.00
581				CEMENT SERVICE CHARGE	300	SX					2.00	600.00
583				DRAYAGE	25310	lbs	315.12	JM			1.00	315.12

SURVEY

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?

AGREE UN-DECIDED DIS-AGREE

PAGE TOTAL 4613

TAX _____

TOTAL _____

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 14 APR 14 TIME SIGNED 1:30 A.M. P.M.

SWIFT OPERATOR [Signature] APPROVAL: _____