



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

KANSAS CORPORATION COMMISSION 1209458
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



TICKET 25975

PAGE 1 OF 1

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

WELL/PROJECT NO. #1
 LEASE SWYDER
 COUNTY/PARISH Ness
 STATE KS
 CITY
 TICKET TYPE SALES
 CONTRACTOR FRIEDRICH TRUCKING
 RIG NAME/NO. PTA
 WELL TYPE DISPOSAL
 WELL CATEGORY ABANDONED
 JOB PURPOSE
 DATE 6-4-14
 OWNER SAME
 ORDER NO.
 DELIVERED TO LOCATION
 WELL PERMIT NO.
 WELL LOCATION UTI, KS - 3A, ES

PRICE REFERENCE	SECONDARY REFERENCE/ PART NUMBER	ACCOUNTING		DESCRIPTION	QTY.	U/M	QTY.	U/M	UNIT PRICE	AMOUNT
		LOC	ACCT							
575		1			30	ME			6.00	180.00
576P		1		MILEAGE # 115 PUMP CHARGE - PTA	1	JOB			1000.00	1000.00
275		1		COTTONSEED HULLS	3	SKS			32.00	96.00
328.4		1		60/40 POLYMER (4% GEL)	145	SKS			12.00	1740.00
290		1		D-ADR	3	GAL			42.00	126.00
581		1		SERVICE CHARGE CEMENT	175	SKS			2.00	350.00
582		1		MINIMUM DRAINAGE CHARGE	14723	UGS	220.85	M	250.00	250.00

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 6-4-14 TIME SIGNED 8:30 A.M.

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

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?
 YES NO

DIS- UN- DIS-
 AGREE DECIDED AGREE

PAGE TOTAL 3742.00

TOTAL 3972.13

TAX 6.15%

SWIFT OPERATOR WAYNE WILSON APPROVAL

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

Thank You!

JOB LOG

SWIFT Services, Inc.

DATE 6-4-14 PAGE NO. 1

CUSTOMER MULL DELG. Co. Inc WELL NO. #1 SWD LEASE SWYDER JOB TYPE PTA TICKET NO. 25975

CHART NO.	TIME	RATE (BPM)	VOLUME (BBL/GAL)	PUMPS		PRESSURE (PSI)		DESCRIPTION OF OPERATION AND MATERIALS
				T	C	TUBING	CASING	
	0830							ON LOCATION 2 3/8 x 4 1/2 8 5/8 = 246' 4 1/2 - 10' 1/2" PERFS = 1730 - 50
	1000		0 30		✓			TUBING = 1700' CIRCULATE CEMENT TO SURFACE 115 SXS 60/40 P02 490GEL w/ 3SK HOLS
								PULL TUBING OUT WELL
	1115		4		✓			TOP OFF WELL w/ 15 SXS CEMENT
	1130	1/2	4		✓	200		PUMP 15 SXS CEMENT DOWN BEADED HEAD - PSE
								WASH TRUCK
	1230							JOB COMPLETE
								THANK YOU WAVE, DAVE K, JOHN