

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

KANSAS CORPORATION COMMISSION OIL & GAS CONSERVATION DIVISION

1211167

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 #:				API No. 15	j	
Name:				Spot Desc	ription:	
Address 1:					Sec T	wp S. R East West
Address 2:					Feet from	North / South Line of Section
City:	State:	Zip: +			Feet from	East / West Line of Section
Contact Person:				Footages (Calculated from Neare	est Outside Section Corner:
Phone: ()					NE NW	SE SW
	Other: Gas Sto No If not, is well All (If needed attach another Top: Botto	SWD Permit #: rage Permit #: l log attached? Yes	No No	Lease Nar Date Well The pluggi by: Plugging C	ne: Completed: ing proposal was appr	oved on: (Date) (KCC District Agent's Name)
		m:T.D		Plugging C	Completed:	
Show depth and thickness of a	all water, oil and gas forma	ations.				
Oil, Gas or Water	Records		Casing R	Record (Surfa	ace, Conductor & Produ	ction)
Formation	Content	Casing	Size		Setting Depth	Pulled Out
Describe in detail the manner cement or other plugs were us						ds used in introducing it into the hole. If
Plugging Contractor License #	t:		Name: _			
Address 1:			Address	2:		
City:				State:		Zip:+
Phone: ()						
Name of Party Responsible fo	r Plugging Fees:					
State of	County, _			_ , SS.		
					ployee of Operator or	Operator on above-described well,
	(Print Name)			=	pioyee of Operator of	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.



CHARGE TO:

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My guly							AL.	APPROVAL			SWIFT OPERATOR
		iD this ticket	H TO RESPON	CUSTOMER DID NOT WISH TO RESPOND	es reco	CUSTOMER ACCEPTANCE OF MATERIALS AND SERVICES. The customer hereby acknowledge	ATERIALS AND SERVICES	EDTANCE OF MA	CUSTOMER ACC		
	TOTAL		ON O	□ YES			785-79	P.M.	TIME SIGNED	TIMES	DATE SIGNED
	TAX		26.5	EQUIPMENT B	WE OPERATED THE EQUIPMENT AND PERFORMED JOB CALCULATIONS SATISFACTORILY? ARE YOU SATISFIED WITH OUR SERVICE?		P.O. B	***	R O AGEN - PRIOR - O	STOMER OF COSTOME	MUST BE SIGNED BY CUSTOMER OR CUSTOMER'S AGENT PRIOR TO START OF WORK OR DELIVERY OF GOODS X
				ND DELAY?	WE UNDERSTOOD A MET YOUR NEEDS? OUR SERVICE WAS PERFORMED WITHO	SWIFT SERVICES, INC.	SWIFT SER	VITY, and	ELEASE, INDEM	but are not limited to, PAYMENT, RELEASE, INDEMNITY, and LIMITED WARRANTY provisions.	but are not limited to, PAYMENI, LIMITED WARRANTY provisions
	PAGE TOTAL)ED AĞREE	AGREE DECIDED		SURVEY OUR EQUIPMENT PERFORMED WITHOUT BREAKDOWN?	REMIT PAYMENT TO:	REMIT PA	agrees to hinclude,	acknowledges and se side hereof whic	LEGAL TERMS: Customer hereby acknowledges and agrees to the terms and conditions on the reverse side hereof which include,	LEGAL TERMS: Customer hereby acknowledges and agrees to the terms and conditions on the reverse side hereof which include,
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	-		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				MILEAGE				
AMOUNT	UNIT PRICE	MV	- QTY.	QTY. UM		DESCRIPTION		ACCOUNTING ACCT DF	LOC	SECONDARY REFERENCE/ PART NUMBER	PRICE REFERENCE
									INVOICE INSTRUCTIONS	INV	REFERRAL LOCATION
	WELL LOCATION	WEL		WELL PERMIT NO.	W	JOB PURPOSE		WELL CATEGORY	L TYPE	WEL	<u>ج</u> ــا
	ORDER NO.	ORD		DELIVERED TO	SHIPPED DE VIA	RIG NAME/NO.		OR	TICKET TYPE CONTRACTOR SERVICE SALES	TICH	, [2
OWNER		DATE		ץ	STATE CITY	COUNTY/PARISH		LEASE	WELL/PROJECT NO.	WEL	SERVICE LOCATIONS 1.
OF OF	PAGE 1						DE	CITY, STATE, ZIP CODE	nc.	Services, In	Serv
								ADDRESS	(pa)		
									•	1	

Thank You!