



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

KANSAS CORPORATION COMMISSION 1214587  
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



CHARGE TO: Venture Pass  
 ADDRESS: \_\_\_\_\_  
 CITY, STATE, ZIP CODE: \_\_\_\_\_

TICKET 26709

PAGE 1 OF 1

1. SERVICE LOCATION: Hays, Ks. WELL PROJECT NO.: #1 LEASE: Ridder A well COUNTY/PARISH: Ellis STATE: Ks CITY: \_\_\_\_\_  
 2. TICKET TYPE:  SERVICE  SALES CONTRACTOR: Chito's Well Serv. REG NAME/NO.: \_\_\_\_\_  
 3. WELL TYPE: 21' WELL CATEGORY: Workover JOB PURPOSE: Plug To Abandon SHIPPED VIA: RT DELIVERED TO: Loc DATE: 7-16-14 OWNER: Same  
 4. REFERRAL LOCATION: \_\_\_\_\_ WELL PERMIT NO.: \_\_\_\_\_ WELL LOCATION: \_\_\_\_\_  
 INVOICE INSTRUCTIONS: \_\_\_\_\_

PRICE REFERENCE	SECONDARY REFERENCE PART NUMBER	ACCOUNTING			DESCRIPTION	QTY.	U/M	QTY.	U/M	UNIT PRICE	AMOUNT
		LOC	ACCT	DF							
595		/			MILEAGE @ 112	20	mi			6.00	120.00
596 P		/			Pump Service	1	ea			1,000.00	1,000.00
290		/			O-Air	3	gal			42.00	126.00
275		/			Cotton Seed Hells	1	sh			32.00	32.00
581		/			Service Charge	275	sh			2.00	550.00
583		/			Drayage	460	sq			1.00	460.00
328-4		/			Colfax Pos 4%	200	sh			12.00	2400.00

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 CUSTOMERS AGENT PRIOR TO START OF WORK OR DELIVERY OF GOODS

X DATE SIGNED: \_\_\_\_\_ TIME SIGNED:  AM.  P.M.

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

SURVEY

OUR EQUIPMENT PERFORMED WITHOUT BREAKDOWN?	AGREE	UN-DECIDED	DIS-AGREE
WE UNDERSTOOD AND MET YOUR NEEDS?			
YOUR 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	

PAGE TOTAL: 4588  
 TAX: \_\_\_\_\_  
 TOTAL: \_\_\_\_\_

CUSTOMER ACCEPTANCE OF MATERIALS AND SERVICES: \_\_\_\_\_ APPROVAL: \_\_\_\_\_  
 SWIFT OPERATOR: [Signature]

OB LOG

SWIFT Services, Inc.

DATE 7-16-14 PAGE NO. 1

CUSTOMER Venture Res. WELL NO. 241 LEASE Riddle A west JOB TYPE Plug To Abandon TICKET NO. 26709

CHART NO.	TIME	RATE (BPM)	VOLUME (BB) (GAL)	PUMPS		PRESSURE (PSI)		DESCRIPTION OF OPERATION AND MATERIALS
				T	C	TUBING	CASING	
	0945							On Loc Set up trucks 4 1/2" Csg. 2 7/8 tubing
	10:15		26					Tubing @ 2500'
			3.5					Mix 100 sks 60/40 for 4% Gel Displ. to Balance
	10:30							Plug Down Pull to 1,000'
	11:00							Start Mix 60/40 for 4% Gel
	11:15		21					Cast CIB to Surface 80sks
	11:50		5					Pull tubing out of hole Top off 4 1/2" 20sks used 200 sks total
	12:30							Wash & Run up pencil Job Comp led

*[Signature]*  
Roger, Josh, Isaac