



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

KANSAS CORPORATION COMMISSION 1243508
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 28124

CHARGE TO: Venue Oil
 ADDRESS: _____
 CITY, STATE, ZIP CODE: _____

PAGE 1 OF 1

SERVICE LOCATIONS
 1. Ness Gay Ks WELL/PROJECT NO. #1 LEASE DEUTERICH COUNTY/PARISH Ness STATE Ks CITY _____ DATE 2-16-15 OWNER same
 2. _____ TICKET TYPE CONTRACTOR CONTRACTOR None RIG NAME/NO. _____ ORDER NO. _____
 3. _____ WELLS TYPE SALES WELL CATEGORY None JOB PURPOSE PTA WELL PERMIT NO. _____ WELL LOCATION Ness Gay Ks - 85, 14w, S.
 4. _____ REFERRAL LOCATION Oil ARAB/DONES ARAB/DONES PTA

PRICE REFERENCE	SECONDARY REFERENCE/ PART NUMBER	ACCOUNTING			DESCRIPTION	QTY.	UM	QTY.	UM	UNIT PRICE	AMOUNT
		LOC	ACCT	DF							
<u>575</u>					MILEAGE # <u>112</u>	<u>10</u>	<u>mi</u>			<u>5.00</u>	<u>50.00</u>
<u>576P</u>					<u>Pump Gauge - PTA</u>	<u>1</u>	<u>NOB</u>			<u>800.00</u>	<u>800.00</u>
<u>328-4</u>					<u>60140 POZMX (490 gal)</u>	<u>115</u>	<u>SKB</u>			<u>10.25</u>	<u>1178.75</u>
<u>290</u>					<u>0-ADR</u>	<u>2</u>	<u>64K</u>			<u>42.00</u>	<u>84.00</u>
<u>581</u>					<u>Service Gauge Center</u>	<u>1</u>	<u>SDS</u>			<u>1.50</u>	<u>225.00</u>
<u>582</u>					<u>Minimum Pressure Gauge</u>	<u>12605</u>	<u>WSS</u>	<u>6.3</u>	<u>03</u>	<u>7.91</u>	<u>250.00</u>

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

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

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 SATISFACTORILY? YES NO

ARE YOU SATISFIED WITH OUR SERVICE? YES NO

DATE SIGNED 2-16-15 TIME SIGNED 0900 A.M. P.M.

UNIT PRICE TOTAL 2746.90

TAX 159.15

TOTAL 2746.90

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

SWIFT OPERATOR David Watson APPROVAL David Watson

Thank You!

JOB LOG

SWIFT Services, Inc.

DATE 2-16-15 PAGE NO. 1

CUSTOMER VINCENT OIL WELL NO. #1 LEASE NEETERICH JOB TYPE PTA TICKET NO. 28124

CHART NO.	TIME	RATE (BPM)	VOLUME (EBL)(GAL)	PUMPS		PRESSURE (PSI)		DESCRIPTION OF OPERATION AND MATERIALS
				T	C	TUBING	CASING	
	0900							ON LOCATION
								4 1/2" CSG - FL = 1500'
	0915	1	4		✓	250		PUMP 15 SKS CEMENT DOWN BRIDGE HEAD - PSE
	0945	3	26		✓	200		PUMP 100 SKS CEMENT DOWN 4 1/2" CSG - PSE
								WASH TRUCK
	1030							JOB COMPLETE
								THANK YOU WAYNE, JOHN J., JAREN