



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

KANSAS CORPORATION COMMISSION 1244333
OIL & GAS CONSERVATION DIVISION
WELL PLUGGING RECORD
 K.A.R. 82-3-117

Form CP-4
March 2009

Type or Print on this Form
Form must be Signed
All blanks must be Filled

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

JOB LOG

SWIFT Services, Inc.

DATE 2-18-15 PAGE NO. 1

CUSTOMER GRAND MESA WELL NO. # 1-25 LEASE AK JOB TYPE PTA TICKET NO. 27131

| CHART NO. | TIME | RATE (BPM) | VOLUME (BBL) (GAL) | PUMPS | | PRESSURE (PSI) | | DESCRIPTION OF OPERATION AND MATERIALS |
|-----------|------|------------|--------------------|-------|---|----------------|--------|---|
| | | | | T | C | TUBING | CASING | |
| | 935 | | | | | | | ON LOCATION - SET UP TRK |
| | | | | | | | | 5 1/2 PERFS 4605-09 |
| | 1000 | 5 | 0 | | | 0 | | START CMT 50 SKS w/ 100# HULLS |
| | | | 13 | | | 0 | | START GEL 15 SKS |
| | | | 58 | | | 0 | | START CMT 310 SKS |
| | 1105 | 5 | 138 | | | 0/400 | | END CMT |
| | | | 3 | | | 0/300 | | CMT BACKSIDE - 8 3/8 15 SKS |
| | | | | | | | | THANKS DAVID, NICL, AUSTIN, ISAAC, TYLER |



CHARGE TO: **Grand Mesa Operating Co**
 ADDRESS:
 CITY, STATE, ZIP CODE

TICKET 27135
 PAGE 1 OF 1

SERVICE LOCATIONS
 1. **Hays Ks** WEL/PROJECT NO # **1-25** LEASE **A-14** COUNTY/PARISH **Logan** STATE **Ks** DATE **2-19-15**
 2. **Ness City Ks** CONTRACTOR **DAVID EDGERTON** RIG NAME/NO. **PTA - TOP OFF** SHIPPED VIA **DELIVERED TO LOCATION** ORDER NO.
 3. WEL TYPE **D/I** WEL CATEGORY **DWNO** JOB PURPOSE **PTA - TOP OFF** WEL PERMIT NO. WEL LOCATION
 4. REFERRAL LOCATION INVOICE INSTRUCTIONS

| PRICE REFERENCE | SECONDARY REFERENCE/ PART NUMBER | ACCOUNTING | | | DESCRIPTION | MILEAGE | QTY. | UM | QTY. | UM | UNIT PRICE | AMOUNT |
|-----------------|----------------------------------|------------|------|----|-------------------------------|---------|------|----|------|----|------------|--------|
| | | LOC | ACCT | DF | | | | | | | | |
| 575 | | 1 | | | MILEAGE 111 | 20 | WZ | | | | | |
| 328-4 | | 2 | | | Pump Charge Ticket Ref #27131 | 90 | SK | | | | | |
| | | | | | 60/40 Pozmix 4% Gel | | | | | | | |

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 _____ TIME SIGNED _____ A.M. P.M.

SWIFT OPERATOR **David Edgerton** APPROVAL _____

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

CUSTOMER DID NOT WISH TO RESPOND

PAGE TOTAL _____ TAX _____ TOTAL _____

CUSTOMER ACCEPTANCE OF MATERIALS AND SERVICES: The customer hereby acknowledges receipt of the materials and services and agrees to the terms and conditions of this invoice.

Thank You!