



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

KANSAS CORPORATION COMMISSION 1248210
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

JOB LOG

SWIFT Services, Inc.

DATE 31 MAR 15 PAGE NO. 1

CUSTOMER Grand Mesa WELL NO. 1-79 LEASE Deitch-M. shlr JOB TYPE Plg to Abandon TICKET NO. 28358

CHART NO.	TIME	RATE (GPM)	VOLUME (BBL) (GAL)	PUMPS		PRESSURE (psi)		DESCRIPTION OF OPERATION AND MATERIALS
				T	C	TUBING	CASING	
								5 1/2 casing - 1st approx 2000' 2500' 60/40 200' (4 1/2 gal)
	1200							on loc TDK 114 1905XS
	1230	2 1/2						mix 60/40 200' (4 1/2 gal) @ 13' H ₂ O Down 5 1/2' casing
		1	50				550	catch pressure holding 500 psi shut on tubing
	1240		2 1/2				900	105XS pump 60/40 (4 1/2 gal) @ 13' H ₂ O down 2 1/2'
								holding 500 psi Release pressure to truck
	1248							work truck
	1300							Back up (5 1/2' section of pipe) job complete Thru Final Blank & close



NABORS

FIELD TICKET No. - - 26599

PLEASE REMIT TO:
NABORS COMPLETION & PRODUCTION SERVICES CO.
 P.O. BOX 975682
 DALLAS, TX 75397-5682
 435-725-5344

DELIVERED FROM _____
 DATE 3-30-15

INVOICE NO.	P.O. NO.	AFF NO.
CUSTOMER NO.	LEASE <u>Die-Henrich - Mischler H1-29</u>	WELL NO.
CUSTOMER <u>Grand Mesa Operating Company</u>	FIELD	STATE <u>KS</u> COUNTY <u>Ness</u>
ADDRESS	LOCATION <u>Sec 29 - Trap 16s - Rge 234e</u>	
CITY	CASING SIZE & WT. <u>5 1/2</u>	TBG. SIZE
STATE	ZIP	TYPE OF JOB <u>5 1/2 CTBP + Drop Cement</u>
ORDERED BY	TITLE	SERVICE SUPV.

PART NO.	DESCRIPTION	REV. CODE	QTY.	UNIT PRICE	AMOUNT
<u>40-70-210-1000</u>	<u>Setup</u>				
<u>40-75-820-0055</u>	<u>5 1/2 CTBP</u>		<u>4430</u>		
<u>40-70</u>	<u>Drop Baker 2 sacks cement</u>				
	<u>Plus set at 4430'</u>				

CALLED OUT Time _____ Date _____	ON LOCATION Time _____ Date _____	COMPLETED Time _____ Date _____	TOTAL SERVICE & MATERIALS
			DISCOUNT
			TAX
*ACCIDENT REPORT MUST BE ATTACHED WHEN NOT SIGNED			TOTAL CHARGES

WITH MY INITIALS, I CONFIRM THAT THE TIME SHOWN IN THE "HOURS" COLUMN, ACCURATELY REFLECTS MY COMPENSABLE TIME.

Employee Name (Print)	Hours	Initials	Employee Number
<u>Jeremy Seib</u>			
<u>Paul Bergardt / Janice Guzman</u>			

I was not injured, involved in or witness to an accident during the performance of this work. If an injury or accident occurred a signature is not to be provided. The injury or accident is to be reported to the supervisor so that a report can be prepared.

I hereby attest that my employer NABORS did permit me to eat while working.

CUSTOMER AGREES to pay Nabors Completion & Production Services Co. (the "Company") on a net 30 day basis from date of invoice. If Customer disputes any item invoiced, Customer shall, within 20 days after receipt of invoice, notify the Company of the item(s) disputed, specifying the reason(s) therefor; payment of the disputed item(s) may be withheld until settlement of dispute, but payment of undisputed portion of invoice shall be made without delay. All payments shall be made at the address shown on the reverse side of this document. In the absence of a separate written contract, CUSTOMER REPRESENTATIVE REPRESENTS AND WARRANTS THAT HE/SHE IS AUTHORIZED TO ENTER INTO THIS AGREEMENT ON BEHALF OF CUSTOMER AND ACCEPTS ALL TERMS AND CONDITIONS AS PRINTED ON THE REVERSE SIDE OF THIS DOCUMENT (WHICH INCLUDES INDEMNITY LANGUAGE THAT ALLOCATES RISKS RELATED TO THE ABOVE DESCRIBED SERVICES). Pricing and extensions, if shown above, are subject to verification and correction at time of invoicing.

X Jeremy Seib
 NABORS COMPLETION & PRODUCTION SERVICES CO.

X _____
 CUSTOMER REPRESENTATIVE