



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

**KANSAS CORPORATION COMMISSION 1252014**  
**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**



CHARGE TO: Pod Oak  
 ADDRESS  
 CITY, STATE, ZIP CODE

TICKET 28374  
 PAGE 1 OF 1

SERVICE LOCATION #1 16044KS WELL/PROJECT NO. #1 LEASE Schweider COUNTY/PARISH Soth STATE KS CITY Wabor DATE 02 APR 15 OWNER  
 TICKET TYPE  SERVICE  SALES CONTRACTOR Schweider RIG NAME/NO. location SHIPPED MACT DELIVERED TO location ORDER NO.  
 WELL TYPE oil WELL CATEGORY PTA JOB/PURPOSE plug to abandon WELL PERMIT NO. WELL LOCATION

PRICE REFERENCE	SECONDARY REFERENCE/ PART NUMBER	ACCOUNTING			DESCRIPTION	QTY.	UM	QTY.	UM	UNIT PRICE	AMOUNT
		LOC	ACCT	DF							
575					MILEAGE	70	mi			5.00	350.00
576P					Pump charge	1	ea			800.00	800.00
388-4					60/40 foamix (4% gel)	300	slk			10.25	3075.00
210					D-AIR	3	gal			42.00	126.00
581					Service charge	300	slk			1.50	450.00
583					Drayage	2510	lb			0.75	659.14

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 [Signature] TIME SIGNED [Signature]  A.M.  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?   
 WE UNDERSTOOD AND MET YOUR NEEDS?   
 OUR SERVICE WAS PERFORMED WITHOUT DELAY?   
 WE OPERATED THE EQUIPMENT AND PERFORMED JOB CALCULATIONS SATISFACTORILY?   
 ARE YOU SATISFIED WITH OUR SERVICE?  YES  NO  
 CUSTOMER DID NOT WISH TO RESPOND  
 PAGE TOTAL 5460.14  
 TAX 8.15%  
 TOTAL 5905.14

CUSTOMER ACCEPTANCE OF MATERIALS AND SERVICES The customer hereby acknowledges receipt of the materials and services listed on this ticket.  
 SWIFT OPERATOR [Signature] APPROVAL [Signature]  
 Thank You!

**JOB LOG**

**SWIFT Services, Inc.**

DATE 22 APR 15 PAGE NO. 1

CUSTOMER Red Oak WELL NO. #1 LEASE Schneider JOB TYPE Plug to Abandon TICKET NO. 28374

CHART NO.	TIME	RATE (BPM)	VOLUME (BBL) (GAL)	PUMPS		PRESSURE (PSI)		DESCRIPTION OF OPERATION AND MATERIALS
				T	C	TUBING	CASING	
								300sk 60/40 Pozmix (40% gel) 2 7/8 x 5 1/2' CIBP set tubing to 2485'
	1400							on loc TRK 114
	1512	4				∅		Pump H <sub>2</sub> O down tubing catch pump
		4	26			200		
	1520	4				200		mix 60/40 pozmix (40% gel) @ 13.1 ppg
		4	7			100		fluid to surface
		4				400		— cement to surface — <del>235sk</del>
	1545							pull tubing from well
	1730		3			300		Pump down 88 holding 300psi <del>15sk</del> - shut in
	1740		13					Drop rock down 5 1/2' - 6sec top of 6 5 1/2' <del>50 sk mixed</del> bulk truck empty
	1755							Drop Rock 3-sec wash truck Rack up
	1620							job complete Pump Blow, Flint, & sand