

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

the same are true and correct, so help me God.

## Kansas Corporation Commission 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 #:  |  |                                 | API No            | . 15                                    |                         |                         |  |  |  |
|---|--|---------------------------------|-------------------|---|-------------------------|-------------------------|--|--|--|
| Name:   |  |                                 | Spot D            | Spot Description:                       |                         |                         |  |  |  |
| Address 1:  |  |                                 |                   | Sec Twp S. R East West                  |                         |                         |  |  |  |
| Address 2:  |  |                                 |                   | Feet from North / South Line of Section |                         |                         |  |  |  |
| City:   | State:                                 | Zip: +                          |                   | Feet from East / West Line of Section   |                         |                         |  |  |  |
| Contact Person:   |  |                                 | Footag            | es Calculated from Nea                  | rest Outside Section    | Corner:                 |  |  |  |
| Phone: ( )  |  |                                 |                   | NE NW                                   | SE SW                   |                         |  |  |  |
| Type of Well: (Check one)                                   | oil Well Gas Well                      | OG D&A Cathodic                 | County            | r:                                      |                         |                         |  |  |  |
| Water Supply Well O   | other:                                 | SWD Permit #:                   | 1                 | Name:                                   |                         |                         |  |  |  |
| ENHR Permit #:  | Gas Sto                                | rage Permit #:                  | Date W            | /ell Completed:                         |                         |                         |  |  |  |
| Is ACO-1 filed? Yes   | No If not, is well                     | log attached? Yes               |                   | ugging proposal was ap                  |                         |                         |  |  |  |
| Producing Formation(s): List A                              | •                                      |                                 |                   |   | (KCC <b>L</b>           | District Agent's Name)  |  |  |  |
| Depth to  | •                                      | m: T.D                          | l Pluggir         | ng Commenced:                           |                         |                         |  |  |  |
| Depth to  |  | m: T.D                          | Pluggir           | ng Completed:                           |                         |                         |  |  |  |
| Depth to  | Top: Botto                             | m:T.D                           |                   |   |                         |                         |  |  |  |
| Show depth and thickness of a                               | all water, oil and gas forma           | ations.                         | -                 |   |                         |                         |  |  |  |
| Oil, Gas or Water   | Records                                |                                 | Casing Record (S  | Surface, Conductor & Prod               | duction)                |                         |  |  |  |
| Formation   | Content                                | Casing                          | Size              | Setting Depth                           | Pulled Out              |                         |  |  |  |
|   |  |                                 |                   |   |                         |                         |  |  |  |
|   |  |                                 |                   |   |                         |                         |  |  |  |
|   |  |                                 |                   |   |                         |                         |  |  |  |
|   |  |                                 |                   |   |                         |                         |  |  |  |
|   |  |                                 |                   |   |                         |                         |  |  |  |
| Describe in detail the manner cement or other plugs were us |  | _                               | •                 |   | ious useu iii iiiiouudi | ig it into the note. If |  |  |  |
| Plugging Contractor License #                               | :                                      |                                 | Name:             |   |                         |                         |  |  |  |
| Address 1:  |  |                                 | Address 2:        | ress 2:                                 |                         |                         |  |  |  |
| City:   |  |                                 | State: _          |   | Zip:                    | +                       |  |  |  |
| Phone: ( )  |  |                                 |                   |   |                         |                         |  |  |  |
| Name of Party Responsible for                               | r Plugging Fees:                       |                                 |                   |   |                         |                         |  |  |  |
| State of  | County, _                              |                                 | , SS.             |   |                         |                         |  |  |  |
|   | (5)                                    |                                 |                   | Employee of Operator of                 | r Operator on a         | pove-described well,    |  |  |  |
| being first duly sworn on oath,                             | (Print Name) says: That I have knowled | lge of the facts statements, ar | nd matters herein | contained, and the log                  | of the above-describe   | d well is as filed, and |  |  |  |

Submitted Electronically



| CHARGE TO:            | Mull Dr. 11/119 |
|-----------------------|-----------------|
| ADDRESS               | 0               |
| CITY, STATE, ZIP CODE | IP CODE         |

TICKET 28671

| Services, Inc.         |                          | CITY. STATE, ZIP CODE |                         |            |                      | PAGE OF 1     |
|------------------------|--------------------------|-----------------------|-------------------------|------------|----------------------|---------------|
| SERVICE LOGATIONS + KS | WELL/PROJECT NO. 1-9     | LEASE CUFFEY TOUST    | COUNTY/PARISH HAW(1)ton | STATE CITY | Syracuse             | 45ep15 OWNER  |
| 2.                     | TICKET TYPE   CONTRACTOR | C                     | RIG NAME/NO.            | SHIPPED    | SHIPPED DELIVERED TO | ORDER NO.     |
|                        | SALES                    | PULE                  | P                       | J. Jan     | location             | Ţ             |
| 3.                     | WELL TYPE                | WELL CATEGORY JOB PL  | JOB PURPOSE /           |            | WELL PERMIT NO.      | WELL LOCATION |
| 4.                     | 01/                      | Development           | Plus to Houndon         |            |                      | 2-25-42       |
| REFERRAL LOCATION      | INVOICE INSTRUCTIONS     |                       | 1                       |            |                      |               |

| the terms and cond                                      |     |  |   | 583        | 6 <del>6</del> | 290  | 3%      | 328-4                 | 5767        | 575             | REFERENCE   | PRICE                |
|---|-----|--|---|------------|----------------|------|---------|-----------------------|-------------|-----------------|-------------|----------------------|
| LEGAL TERMS: Customer hereby acknowledges and agrees to | 7   |  |   |            |                |      |         |                       |             |                 | PART NUMBER | SECONDARY REFERENCE/ |
| es and a  |     |  |   |            | -              | _    | =       |                       | _           | _               | LOC         | A                    |
| agrees to   | ı . |  |   |            |                |      |         |                       |             |                 | ACCT        | ACCOUNTING           |
|   |     |  |   |            |                |      |         |                       | ·           |                 | 무           | 63                   |
| REMIT PAYMENT TO: OUR EQUIPMENT PERFORMED               |     |  | C | Drayage    | service charge | DAIR | Flocale | 60/40 FORMX (40/0gel) | PUMP Charge | MILEAGE TRK 114 | DESCRIPTION | Proprietor           |
| PERFORMED   |     |  |   | 23436 16   | 280 sk         | 294  | 75+     | 280/5/2               | /6          | 150 mi          | מדץ.   נ    |                      |
| AGREE   |     |  |   |            | A              | 2    | 16      | 10                    | 2           | 5,              | M/U         | _                    |
| DECIDED AGREE   | _   |  |   | 1757.7 700 |                |      |         |                       |             |                 | QTY.        |                      |
| AGREE   |     |  |   | 701        |                |      |         |                       |             |                 | MVU         | Ц                    |
| PAGE TOTAL  |     |  |   |            |                |      |         |                       |             |                 |             |                      |

**LIMITED WARRANTY** provisions. but are not limited to, PAYMENT, RELEASE, INDEMNITY, and

MUST BE SIGNED BY CUSTOMER OR CUSTOMER'S AGENT PRIOR TO START OF WORK OR DELIVERY OF GOODS

TIME SIGNED ПП Р.м. М.

DATE SIGNED

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

> WE OPÉRATED THE EQUIPMENT AND PERFORMED JOB CALCULATIONS SATISFACTORILY? MET YOUR NEEDS?
> OUR SERVICE WAS
> PERFORMED WITHOUT DELAY? WE UNDERSTOOD AND ARE YOU SATISFIED WITH OUR SERVICE? ON CO Mamilton 7.5

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

CUSTOMER DID NOT WISH TO RESPOND

TOTAL

SWIFT OPERATOR

**APPROVAL** 

Thank You!

JOB LOG

SWIFT Services, Inc.

DATE/ SEP 15 PAGE NO.

CUSTOMER JOB TYPE

TICKET NO. 27671

| CUSTOMER     | 11 Dril | ling          | WELL NO.              | 1-9          | Cuffey T                    | rust Plug to Abandon TICKET NO. 28671                                    |
|--------------|---------|---------------|-----------------------|--------------|-----------------------------|--|
| CHART<br>NO. | TIME    | RATE<br>(BPM) | VOLUME<br>(BBL) (GAL) | PUMPS<br>T C | PRESSURE(PSI) TUBING CASING | DESCRIPTION OF OPERATION AND MATERIALS                                   |
|              |         |               |                       |              |                             | 2805K 60/40 poznix (49/0gel) 73/4/2 Drillpipe 13/3 to 352'               |
|              |         |               |                       |              |                             | 7多性 DAT (1000) 13毫 to 357  |
| . 0          |         |               |                       |              |                             | 50 stz - 1925'   |
|              |         |               |                       | T            |                             | 80sh - 950'  |
|              |         |               |                       |              |                             | 705k - 400'  |
|              |         |               |                       |              |                             | 30st 60°   |
|              | 1       |               |                       |              |                             | 30-20 RH-WH  |
|              | 051     |               |                       |              |                             |  |
| -            | 2000    |               |                       |              |                             | on loc TRX 114   |
|              | 2045    |               |                       |              |                             | Pundern 43 drill 2000  |
|              | 2230    |               |                       |              |                             | Phydren 42 drill Pipe<br>cire mell @ 1925'                               |
|              | 2240    |               | 15                    |              |                             | Rup 15 bbl 6420  |
| ,            | **      | - 4           | 14                    |              |                             | MX 5056 60/40 (49/0gel) @ 13.1 ppg/                                      |
|              |         |               | 70                    |              |                             | Displace 0/2066 H20  |
|              | 2256    |               |                       |              |                             | pull to 950'   |
|              | 2330    |               | 24                    |              |                             | Pap 14 bb ( H,0  |
|              |         |               | 21                    |              |                             | mix 80sk 60/40 (49/00el) @ 13,1,1pg                                      |
|              |         |               | 7                     |              |                             |  |
|              | 2345    |               |                       |              |                             | Dull to 400'   |
|              |         |               |                       |              |                             |  |
| 5340         | 0005    |               | 10                    |              |                             | pup 10661 that.  |
|              |         |               | 10                    |              |                             | mix 70 sk 60/40 (49/19el) @13-1 ppg                                      |
|              |         |               | 4                     |              |                             | puo y bibli ff20   |
|              |         |               |                       |              |                             |  |
|              |         |               |                       |              |                             | pull out of bote, by dam. RH WH  mix 20st posses (19/ogel) @ 13.1ppg-60' |
|              | 0000    |               | 8                     |              |                             | mix 2056 20140 (80/ocel) @ 13.109-60'                                    |
| -            | - 52    |               | 8                     |              |                             | Mix 205 00/40 (40/0cel) @ 13.1pg-60'                                     |
|              |         |               | 5                     |              | 2                           | DI MH SOS  |
|              |         | -             |                       |              |                             | Did with 2000 Total  |
|              | 0115    |               |                       | n 5 100      |                             | anoliteack   |
|              | 0710    |               |                       |              |                             | MONTERE  |
|              |         |               |                       |              |                             | Rekyp  |
|              |         |               | *                     |              |                             |  |
|              | 0145    |               | 1                     |              |                             | Tob complete   |
|              | -110    |               |                       |              |                             | ) ve co. Ne v  |
|              |         |               |                       |              |                             | Carlo  |
| *****        |         |               | ,                     |              |                             | Flame Flood & sores  |
|              |         |               |                       |              |                             | DIGNE, I WAT 3 JAREI -3  |
|              |         |               |                       |              |                             |  |