

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

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

Name:	OPERATOR: License #:			I APIN	lo. 15 -			
Address 1:								
Address 2:						_		
Contact Person: County: Lease Name: Date Well Completed: Contact Penging Proposal was approved on: Contact Penging Proposal was approved on: (Contact Penging Completed: Date Well Completed: Contact Penging Completed: Date Well Completed: Date					Feet from North / South Line of Section Feet from East / West Line of Section			
Contact Person: Contact Pe	City:	State:	Zip:+					
Supply Old Gas Well Gas Well Old D. SA Cathodic Strop Supply Well Other: SVID Permit #: Lease Name: Well #: Date Well Completed: The plugging proposal was approved on: (Date Producing Formation(s): List All (# needed attach another sheet) Depth to Top: Bottom: T.D. Plugging Commenced: Plugging Commenced: Plugging Commenced: Plugging Completed: Depth to Top: Bottom: T.D. Plugging Commenced: Plugging Completed: Depth to Top: Bottom: T.D. Depth to Top: Bottom: T.D. Plugging Completed: Depth to Top: Bottom: T.D. Depth to Top: Depth to Top: Bottom: T.D. Depth to Top: Depth t								
County:	Phone: ()				NE NW [SF SW		
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Show depth and thickness of all water, oil and gas formations. Oil, Gas or Water Records Costing 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, sement 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: State: Zip: + Phone: () Name of Party Responsible for Plugging Fees: State of output County,, ss.	•	·		I Pluaa	Plugging Completed:			
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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. sement or other plugs were used, state the character of same depth placed from (bottom), to (top) for each plug set. Plugging Contractor License #:			Casing			,		
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Address 1:			-					
City:	Plugging Contractor License #	<i>‡</i> :		Name:				
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Name of Party Responsible for Plugging Fees:	City:			State:		Zip:+		
State of, ss.	Phone: ()							
	Name of Party Responsible fo	or Plugging Fees:						
Employee of Operator or Operator on shows described well	State of	County,		, ss.				
					Employee of Operator or	Operator on above-described well		

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.

ر LOG			SWIFT Services, Inc.					DATE 18 Dec 15 PAGYNO
STOMER	Viking		WELL NO.	-16	LEASE B	reit	JOB TYPE TO Abander	TICKET NO.
CHART NO.	TIME	RATE (BPM)	VOLUME (BBL) (GAL)	PUMPS T C	PRESSURI TUBING	E (PSI) CASING	DESCRIPTION OF OPERATION	
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