



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

KANSAS CORPORATION COMMISSION 1299162
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.

(Print Name) 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.

Submitted Electronically

Mail to: KCC - Conservation Division, 130 S. Market - Room 2078, Wichita, Kansas 67202



Services, Inc.

CHARGE TO: Ray Bowman Oil Trust
 ADDRESS: _____
 CITY, STATE, ZIP CODE: _____

PAGE 1 OF 1

TICKET 28775

WELL/PROJECT NO. # 3
 SERVICE LOCATIONS: Hays, KS
 CONTRACTOR: Co Tools
 RIG NAME/NO.: Ellis
 COUNTY/PARISH: STADWELL
 STATE: KS
 CITY: _____
 DATE: 3-11-16
 OWNER: _____
 ORDER NO.: _____
 DELIVERED TO: LOCATION
 SHIPPED VIA: _____
 WELL PERMIT NO.: _____
 WELL LOCATION: _____
 WELL TYPE: 0:1
 WELL CATEGORY: Druid
 JOB PURPOSE: PTA
 INVOICE INSTRUCTIONS: _____

PRICE REFERENCE	SECONDARY REFERENCE/ PART NUMBER	ACCOUNTING	LOC	ACCT	DF	DESCRIPTION	QTY.	U/M	QTY.	U/M	UNIT PRICE	AMOUNT
575			1			MILEAGE TRK # 111	10	Mi			5.00	50.00
576			1			Pump Charge - PTA	1	EA		800.00	800.00	
290			1			D-Air	5	Km		40.00	210.00	
275			1			Cotton Seed Halls	6	SKS		30.00	180.00	
328-4			2			60/40 pozmix 4% Grc	345	SKS		10.25	3536.25	
581			2			Service Charge Cmt	345	SKS		1.50	517.50	
583			2			Drayage	557	Tm		1.75	974.75	

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

SURVEY

OUR EQUIPMENT PERFORMED WITHOUT BREAKDOWN?
 YES NO

WE UNDERSTOOD AND MET YOUR NEEDS?
 YES NO

OUR SERVICE WAS PERFORMED WITHOUT DELAY?
 YES NO

WE OPERATED THE EQUIPMENT AND PERFORMED JOB CALCULATIONS SATISFACTORILY?
 YES NO

ARE YOU SATISFIED WITH OUR SERVICES?
 YES NO

CUSTOMER DID NOT WISH TO RESPOND

PAGE TOTAL: 5711.50
 Bid Price

TOTAL: 5368.81

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: 3/11/16
 TIME SIGNED: _____
 A.M. P.M.

OPERATOR: David Egerton

BLOG

SWIFT Services, Inc.

DATE 3-11-16 PAGE NO.

CUSTOMER
ad Bowman Oil Trust

WELL NO.
3

LEASE
Stadelman

JOB TYPE
PTA

TICKET NO.
28775

CHART NO.	TIME	RATE (BPM)	VOLUME (BBL) (GAL)	PUMPS		PRESSURE (PSI)		DESCRIPTION OF OPERATION AND MATERIALS
				T	C	TUBING	CASING	
	830							On location
								4 1/2 x 2 3/8
								1st plug @ 3610'
			0			0		100 sks Cmt w/ 350# Hulls
	920	5	0			0		START CMT w/ Hulls
	930	5	26			700		End Cmt
	930	5	5			700		Disp w/ WTR
								2nd plug @ 2067
								190 sks Cmt w/ 250# Hulls
	1015	5	0			0		START CMT w/ Hulls
		5	50			400		Circ Cmt
	1030	5	1			400		Disp
								T.O.O.H.
	1140	.5	11.5			0		Top of 4 1/2 <u>45 sks Cmt</u>
	1145	.5	3			150		Hook up to 8 5/8 # PSI top - 10 sks Cmt
	1200							Job complete
								Thanks David, Austin, Preston