



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

KANSAS CORPORATION COMMISSION 1311125
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

227745-1

FED ID # 48-1214033
Shop# (620) 437-2661
Shop Fax # (620) 437-2881
Office # (316) 685-5908
Office Fax # (316) 685-5926

Hurricane Services, Inc.
Well Servicing Division
P.O. Box 782228
Wichita, KS 67278-2228


Shop Address: 3613A Y Road
Madison, KS 66860

REC'D OCT 13 2009

Customer:
SOUTHERN STAR CENTRAL GAS PIPELINE INC
ATTN: ACCTS PAYABLE
P O BOX 20010
OWENSBORO KY 42304

Invoice Date 9/30/2009
Invoice # 3807
Lease Name DRAKE
Well # 5 05 - PIN #47608
2006-5031 / 516
County ALLEN

10701001.5222.720.47608 34DIR00 RM

Date	Description	HRS/QTY	Rate	Total
9/30/2009	Drove to location. Rigged up and held safety meeting. TD at 853'. Tripped in hole with 26 joints of 1" tubing to 847.2'. Waited for trucks to get on location, then hooked up cementers and waited for water. Cemented well to surface. Tripped out of hole with 1" tubing. Cemented top, pressured up and shut in well. Rigged down, loaded equipment and drove to next location per attached work ticket #24392 of Rig #1.	3.00	140.00	420.00
	Working string of 1" tubing	847.00	0.50	423.50
	RFS 517 - CONTRACT #2006-5053,1			
 SSC000000176201				

Sales Tax (6.3%) \$53.14

Total \$896.64

All invoices are due upon receipt. Interest at the rate of 1 1/2% per month may be charged on all invoices not paid within 30 days from date of invoice.

WE APPRECIATE YOUR BUSINESS!

FED ID# 48-1214033
 MC ID# 165290
 Shop # 620 437-2661
 Cellular # 620 437-7582
 Office # 316 685-5908
 Office Fax # 316-685-5926
 Shop Address: 3613A Y Road
 Madison, KS 66860

Hurricane Services, Inc.
 P.O. Box 782228
 Wichita, KS 67278-2228

Cement, Acid or Tools
 Service Ticket
 3453

DATE 9-30-09

COUNTY Allen CITY _____

CHARGE TO Southern Star / P.O. #47608

ADDRESS _____ CITY _____ ST _____ ZIP _____

LEASE & WELL NO. Drake #05 CONTRACTOR Hurricane Serv. Rig #1

KIND OF JOB Plug To Abandon SEC. _____ TWP. _____ RNG. _____

DIR. TO LOC. 3rd well of Day 3 OLD NEW

Quantity	MATERIAL USED	Serv. Charge	
			500.00
40 sks	Regular - class A cement		520.00
75 lbs	Gel 2%		18.75
1 Hr	Water Truck #193		80.00
	Rental 1" swivel hoses		50.00
	BULK CHARGE		
1.91 Trk	BULK TRK. MILES		105.05
—	PUMP TRK. MILES		N/C
	PLUGS		
		6.3% SALES TAX	33.94
		TOTAL	1307.74
	NOTE: City water provided		

T.D. _____

SIZE HOLE _____

MAX. PRESS. _____

PLUG DEPTH _____

PLUG USED _____

CSG. SET AT _____ VOLUME _____

TBG SET AT _____ VOLUME _____

SIZE PIPE 2 7/8" Tubing

PKER DEPTH _____

TIME FINISHED _____

REMARKS: Rig up to 1" Pipe set at 847, Break circulation (3 1/2 Bbls) - circulate well clean
Mixed Regular cement w/ 2% Gel. Till we get good cement returns mixed w/ 4 Bbls.
Pull 1" Pipe out of well - Rig up to 2 7/8" Tubing, get cement slurry - Hook onto well.
Mixed cement - Squeeze into well mixed w/ 2 Bbls. - Pressure at 350 PSI, Pump little water,
close Tubing w/ 350 PSI. Used 40 sks Regular cement w/ 2% Gel.

EQUIPMENT USED

NAME Kelly Kimberlin UNIT NO. 185
Brad Butler
 HSI REP.

NAME Abm Jerry #91, Jason #193 UNIT NO. _____

OWNER'S REP.

2277457

Hurricane Services, Inc.
Cementing & Circulating Division
P.O. Box 782228
Wichita, KS 67278-2228

FED ID # 48-1214033
Shop # (620) 437-2661
Cellular # (620) 437-7582
Office # (316) 685-5908
Office Fax # (316) 685-5926

REC'D OCT 13 2009

MC ID # 165290

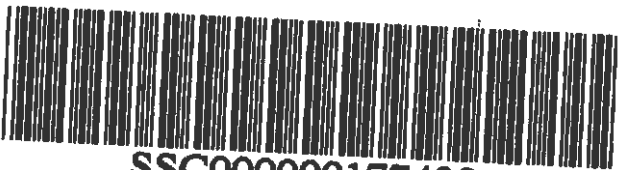
Shop Address: 3613A Y Road
Madison, KS 66860

Customer:
SOUTHERN STAR CENTRAL GAS PIPELINE INC
ATTN: ACCTS PAYABLE
P O BOX 20010
OWENSBORO KY 42304

Invoice Date 9/30/2009
Invoice # 14840
Lease Name DRAKE
Well # 05
PIN #47608
County: ALLEN

10701001.5222.720.47608.34PIR00

2006-5053/516

Date	Description	Hrs/Qty	Rate	Total
9/30/2009	Drove to location, rigged up and cemented to abandon well per attached Service ticket #3453.			
	Regular Class A cement	40.00	13.00	520.00T
	Gel 2%	75.00	0.25	18.75T
	Equipment rental - 1" Swivel and hoses	1.00	50.00	50.00
	Water truck #193 - Customer's account for water	1.00	80.00	80.00
	Bulk truck mileage	1.00	105.05	105.05
	Pump charge	1.00	500.00	500.00
	Pump truck mileage - N/C			
	Contract #2006-5053,1 - RFS #517			
 SSC000000177432				

Sales Tax (6.3%) \$33.94

Total \$1,307.74

All invoices are due upon receipt. Interest at the rate of 1 1/2% per month may be charged on all invoices not paid within 30 days from date of invoice.

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