



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

KANSAS CORPORATION COMMISSION 1323358
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



CHARGE TO: **NESS OIL CORP.**

ADDRESS

CITY, STATE, ZIP CODE

TICKET 29797

PAGE 1 OF

SERVICE LOCATION: 1. **NESS CITY, KS.** LEASE: **YORK AI** COUNTY/PARISH: **GOVE** STATE: **KS.** CITY: **HEALY, KS.** DATE: **15 NOV 16** OWNER: **ISNOVIG**
 2. TICKET TYPE: SERVICE SALES CONTRACTOR: **SOUTH FORK WELLSERV.** RIG NAME/NO.: SHIPPED VIA: DELIVERED TO: ORDER NO.:
 3. WELL TYPE: **OIL** WELL CATEGORY: **ABANDON** JOB PURPOSE: **PTA** WELL PERMIT NO.: WELL LOCATION: **2W LOW WTWIE**
 4. REFERRAL LOCATION: INVOICE INSTRUCTIONS:

PRICE REFERENCE	SECONDARY REFERENCE/ PART NUMBER	ACCOUNTING		DESCRIPTION	QTY	UM	QTY	UM	QTY	UM	UNIT PRICE	AMOUNT
		LOC	ACCT									
575				MILEAGE # 115	60	mi					5.00	300.00
5767				Pump CHARGE	1	hrs					800.00	800.00
275				HULLS	3	bx					30.00	90.00
290				D-AIR	3	gal					42.00	126.00
328-4				60/40 Premix 4906EL	210	bx					10.35	2152.50
				CEMENT SERVICE CHARGE	300	bx					1.50	450.00
				DRAYAGE	35210	lbs	756.3	7m			75	567.23

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 WARRANTY** provisions.
 RECEIVED BY CUSTOMER OR CUSTOMER'S AGENT PRIOR TO WORK OR DELIVERY OF GOODS
 TIME SIGNED: **1145** A.M. P.M.
 APPROVAL: *[Signature]*

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: **4485**
 TAX: **8.5%**
 TOTAL: **4867.02**

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

APPROVAL: *[Signature]*

Thank You!