

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

KANSAS CORPORATION COMMISSION 1330607
 OIL & GAS CONSERVATION DIVISION
WELL PLUGGING RECORD
 K.A.R. 82-3-117

Form CP-4
 March 2009
Type or Print on this Form
Form must be Signed
All blanks must be Filled

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

JOB LOG

SWIFT Services, Inc.

DATE 2 MAR 17 PAGE NO. 1

CUSTOMER MDK Drilling WELL NO. 1-13 LEASE Bleumer JOB TYPE Plug to Abandon TICKET NO. 30159

CHART NO.	TIME	RATE (BPM)	VOLUME (BBL) (GAL)	PUMPS		PRESSURE (PSI)		DESCRIPTION OF OPERATION AND MATERIALS
				T	C	TUBING	CASING	
								300sk 60/40 poz mix (4% gel) 25sk Bentonite gel - 4sk collapsed kulls 5 1/2 casing pipe 5012-5162 Plugging down casing
	1000							on loc TRK 114
	1018		7				350	plug backside 20sk welding 250 psi
	1022	3 1/2	18				Ø	mix 60/40 poz (4%) down 5 1/2 50sk w/ 4sk kulls
		3 1/2	50				Ø	mix 25sk Bentonite gel
								mix 60/40 poz (4%)
	1115	3 1/2	122				Ø	Kickout - lead cement/w kulls on bottom on vacuum wash
		1	137				Ø	mix 60/40 poz (4%) on vacuum
								230 sk mixed w 5 1/2 20sk in 8 1/2
							Ø	shut in 5 1/2 - no pressure wash & pack back up
								job complete for today Blain Strat, JOHN H. 15100



CHARGE TO: MULL Drilling
 ADDRESS
 CITY, STATE, ZIP CODE

TICKET 3015

PAGE 1 OF 1

1. SERVICE LOCATIONS: 10045 WELLP/PROJECT NO. 1-13 LEASE Blower COUNTY/PARISH STAN STATE KS CITY Charleston DATE Z MAR 17 OWNER

2. TICKET TYPE SERVICE CONTRACTOR 1-13 RIG NAME/NO. 5705 SHIPPED W/ACT DELIVERED TO location ORDER NO.

3. WELL TYPE OS WELL CATEGORY PT A JOB PURPOSE plug to Annaborn WELLPERM NO. WELL LOCATION 13-26-30

4. REFERRAL LOCATION INVOICE INSTRUCTIONS

PRICE REFERENCE	SECONDARY REFERENCE/ PART NUMBER	ACCOUNTING			DESCRIPTION	QTY.	UM	QTY.	UM	UNIT PRICE	AMOUNT
		LOC	ACCT	DF							
575		1			MILEAGE TRK 114	80	mi			5.00	400
676P		1			plug charge	1	ea			800.00	800
328-4		1			60/100 spoolmax (40log)	250	sk			10.25	2357
279		1			perforated steel	25	sk			25.00	625
275		1			concrete hulls	4	sk			30.00	120
290		1			D-Air	2	gal			42.00	84
581		1			service charge	300	sk			1.50	450
583		1			Drainage	52353	lb			12941/2 TW	970

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 Tom Hadd TIME SIGNED 1:30 A.M. P.M.

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 SERVICES? YES NO

OUR CUSTOMER DID NOT WISH TO RESPOND

PAGE TOTAL 5807

TOTAL 6951

SWIFT OPERATOR Rehail APPROVAL

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

Thank you