**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

1347934

\_\_\_\_\_ Employee of Operator or Operator on above-described well,

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

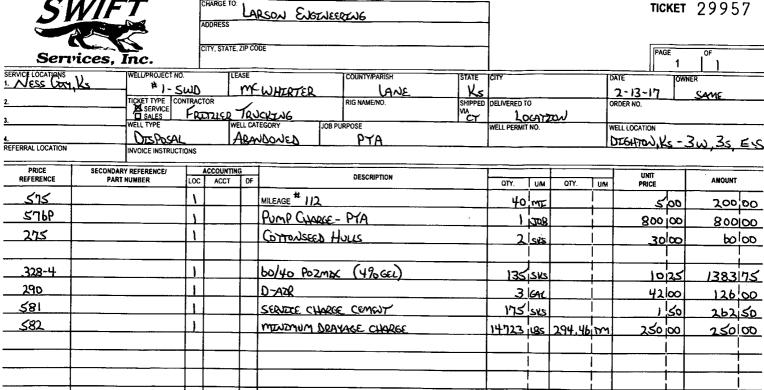
## WELL PLUGGING RECORD K.A.R. 82-3-117

OPERATOR: License #:			ı	API No. 15					
Name:				Spot Descr	ription:				
Address 1:				•	•	vp S. R East West			
					Feet from				
City: State: Zip: +					Feet from East / West Line of Section				
Contact Person:		·		Footages Calculated from Nearest Outside Section Corner:					
Phone: ( )				-	NE NW	SE SW			
Type of Well: (Check one)	Oil Well Gas Well	OG D&A Cathodic	С	0					
Water Supply Well	Other:	SWD Permit #:		,		NAT-II II.			
ENHR Permit #:	Gas Sto	rage Permit #:				Well #:			
Is ACO-1 filed? Yes	_	log attached? Yes	, I			oved on: (Date)			
Producing Formation(s): List /			_			(KCC <b>District</b> Agent's Name)			
Depth to	,	m: T.D							
Depth to	o Top: Botto	m: T.D							
Depth to	o Top: Botto	m:T.D		Plugging C	Completed:				
Show depth and thickness of	all water, oil and gas forma	ations.							
					ce, Conductor & Produ	ction)			
Formation	Content	Casing	Size	•	Setting Depth	Pulled Out			
					<u> </u>				
		ed, indicating where the mud same depth placed from (bott		•		ds used in introducing it into the hole. If			
City:				_ State:		Zip:+			
Phone: ( )				_					
Name of Party Responsible for	or Plugging Fees:								

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.

\_\_\_\_\_, , SS.

(Print Name)



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 A.M. 2-13-17 0900

**REMIT PAYMENT TO:** 

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

									 		[
SURVEY		AG	REE	E DECIDED AGRE							
OUR EQUIPMENT PERFORMED WITHOUT BREAKDOWN?							PAGE TOTAL		3082	25	
N	WE UNDERSTOOD AND MET YOUR NEEDS?		T					1674 D.K		- 308	23
	UR SERVICE W. ERFORMED WIT							لل تعلق	,	2774	02
ACS	VE OPERATED T ND PERFORME ALCULATIONS ATISFACTORILY	) JOB '?						SID	)		
Ā	ARE YOU SATISFIED WITH OUR SERVICE?										
	CUSTOMER DID NOT WISH TO RESPOND					TOTAL		2714	02		

WAWE WESON APPROVAL

Thank You!

SWIFT Services, Inc. **JOB LOG** WELL NO 1- SWD OUSTOMER EJECUTUSE EJECUTUS MC WHIRTCR JOB TYPE PYA PUMPS PRESSURE (PSI) VOLUME (BBD) (GAL) **DESCRIPTION OF OPERATION AND MATERIALS** TUBING ON LOCATEDY NO 0900 23/8×41/2 85/8-371 4/2 : 2179 PERFS = 1735-1885 Mx 30sks coment 2sks Hulls e 1728' 0945 400 Mx 85 SVS CEMENT TO SURFACE < 1320' 1015 22 400 PULL TUBENG OUT WELL TOP OFF 41/2" CASTUG W/10 SKS CEMENT 21/2 1110 500 MX 10 SKS CEMENT DOWN BRADEN HEAD 21/2 1120 WASH TRUCK 1200 JOB COMPLETE THANK YOU WAWE DAVEK, PRESTON