

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

KANSAS CORPORATION COMMISSION 1347934
 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



CHARGE TO: **LARSON ENGINEERING**
 ADDRESS:
 CITY, STATE, ZIP CODE:

TICKET 29957

SERVICE LOCATIONS 1. Ness City, Ks	WELL/PROJECT NO. * 1-SWD	LEASE MCWHIRTER	COUNTY/PARISH LANE	STATE Ks	CITY	DATE 2-13-17	OWNER SAME
2.	TICKET TYPE <input checked="" type="checkbox"/> SERVICE <input type="checkbox"/> SALES	CONTRACTOR FROTZLER TRUCKING	RIG NAME/NO.	SHIPPED VIA CY	DELIVERED TO LOCATION	ORDER NO.	
3.	WELL TYPE DISPOSAL	WELL CATEGORY ABANDONED	JOB PURPOSE PTA	WELL PERMIT NO.	WELL LOCATION DIGHTON, Ks - 3W, 3S, E/S		
4. REFERRAL LOCATION	INVOICE INSTRUCTIONS						

PRICE REFERENCE	SECONDARY REFERENCE/ PART NUMBER	ACCOUNTING			DESCRIPTION	QTY.		UM		UNIT PRICE	AMOUNT
		LOC	ACCT	DF							
575		1			MILEAGE # 112	40		MP		5.00	200.00
576P		1			PUMP CHARGE - PTA	1		JOB		800.00	800.00
275		1			COTTONSEED HULLS	2		SBS		30.00	60.00
328-4		1			60/40 P02MDC (4% GEL)	135		SVS		10.25	1383.75
290		1			D-ADR	3		GR		42.00	126.00
581		1			SERVICE CHARGE CEMENT	175		SVS		1.50	262.50
582		1			MINIMUM DRAVAGE CHARGE	14723	1BS		294.46 TM	250.00	250.00

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

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

SURVEY	AGREE	UN-DECIDED	DIS-AGREE	PAGE TOTAL	
OUR EQUIPMENT PERFORMED WITHOUT BREAKDOWN?				3082.25	
WE UNDERSTOOD AND MET YOUR NEEDS?				102.00	
OUR SERVICE WAS PERFORMED WITHOUT DELAY?				2774.02	
WE OPERATED THE EQUIPMENT AND PERFORMED JOB CALCULATIONS SATISFACTORILY?					
ARE YOU SATISFIED WITH OUR SERVICE?	<input type="checkbox"/> YES <input type="checkbox"/> NO				
<input type="checkbox"/> CUSTOMER DID NOT WISH TO RESPOND				TOTAL	2774.02

X: DATE SIGNED **2-13-17** TIME SIGNED **0900** A.M. P.M.

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

SWIFT OPERATOR **Wayne Wilson** APPROVAL

Thank You!

JOB LOG

SWIFT Services, Inc.

DATE **2-13-17** PAGE NO. **1**

CUSTOMER **LARSON ENGINEERING** WELL NO. **#1-SWD** LEASE **MCWHARTER** JOB TYPE **PYA** TICKET NO. **29957**

CHART NO.	TIME	RATE (BPM)	VOLUME (BBL) (GAL)	PUMPS		PRESSURE (PSI)		DESCRIPTION OF OPERATION AND MATERIALS
				T	C	TUBING	CASING	
	0900							ON LOCATION
								2 3/8 x 4 1/2
								8 5/8 = 371'
								4 1/2 = 2179
								PERFS = 1735-1885
	0945	5	8	✓		400		Mix 30 SKS CEMENT 2 SKS HULLS = 1728'
	1015	5	22	✓		400		Mix 85 SKS CEMENT TO SURFACE = 1320'
								PULL TUBING OUT WELL
	1110		2 1/2	✓				TOP OFF 4 1/2" CASING w/ 10 SKS CEMENT
	1120		2 1/2	✓		500		Mix 10 SKS CEMENT DOWN BRADEN HEAD
								WASH TRUCK
	1200							JOB COMPLETE
								THANK YOU
								WAYNE, DAVE K., PRESTON