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

1353382

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 #:				API No. 15				
Name:				Spot Description:				
Address 1:				Sec Twp S. R East West				
Address 2:				Feet from North / South Line of Section				
City:				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 Catho	dic	County:				
Water Supply Well Other: SWD Permit #:				Lease Name: Well #:				
ENHR Permit #: Gas Storage Permit #:					Completed:			
s ACO-1 filed? Yes No If not, is well log attached? Yes No				The plugging proposal was approved on: (Date)				
Producing Formation(s): List	All (If needed attach anothe	r sheet)						
Depth to	o Top: Botto	om: T.D						
Depth to Top: Bottom: T.D				Plugging Commenced:				
Depth t	o Top: Botto	om:T.D		Flugging	Completed			
Show depth and thickness of	all water, oil and gas form	ations.						
Oil, Gas or Water Records Casin			Casing	Record (Surfa	ace, Conductor & Prod	uction)		
Formation	Content	Casing	Size		Setting Depth	Pulled Out	Pulled Out	
cement or other plugs were u	sed, state the character of	same depth placed from (bo	ottom), to	(top) for eacr	n plug set.			
Plugging Contractor License #: Na								
Address 1: Addre								
City:				_ State:		Zip:	+	
Phone: ()				_				
Name of Party Responsible for	or Plugging Fees:							
State of	County,			, ss.				
					plovee of Operator or	Operator on a	hove-described wall	

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.

(Print Name)

PAGE NO. DATE SWIFT Services. Inc. JOB LOG 19 APR 17 CUSTOMER Plug to Albandon WELL NO. Alax TICKET NO. #1 CHART NO. RATE (BPM) VOLUME (BBL) (GAL) **PUMPS** PRESSURE (PSI) TIME TUBING CASING loc TRK 114 1000 1020 35 100 100 60 200 66 30 1150