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

1355183

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

			API No. 1	15		
			Spot Des	scription:		
Address 1:				Sec 7	Гwp S. R	East West
Address 2:				Feet from	North / Sout	h Line of Section
City:	State:	Zip:++		Feet from	East / Wes	t Line of Section
Contact Person:			Footages	s Calculated from Near	est Outside Section Co	ner:
Phone: ()				NE NW	SE SW	
Type of Well: (Check one)	Oil Well Gas Well	OG D&A Cathodic	County:			
Water Supply Well	Other:	SWD Permit #:	1		Well #: _	
ENHR Permit #:	Gas St	orage Permit #:				
s ACO-1 filed? Yes	No If not, is we	Il log attached? Yes	I I	•	roved on:	
Producing Formation(s): List	All (If needed attach anothe	er sheet)			(KCC Dist	
Depth	to Top: Bott	om: T.D				
Depth	to Top: Bott	om: T.D	""			
Depth	to Top: Bott	om:T.D		Completed		
Show depth and thickness of	f all water, oil and gas form	ations.				
Oil, Gas or Wate	er Records		Casing Record (Su	rface, Conductor & Prod	uction)	
Formation	Content	Casing	Size	Setting Depth	Pulled Out	
ement or other plugs were t	used, state the character o	f same depth placed from (bott	om), to (top) for ear	on plug set.		
00 0						
00 0						
Address 1:			Address 2:			
Address 1:			Address 2:			
Address 1:			Address 2: State:		Zip:	
Address 1: City:) Phone: ()	for Plugging Fees:		Address 2: State:		Zip:	

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)



SWIFT-OPERATOR	DATE SIGNED TIME SIGNED	MUST BE SIGNED BY CUSTOMER OR CUSTOMER'S AGENT PRIOR TO START OF WORK OR DELIVERY OF GOODS X	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 I IMITED WARBANTY provisions	583	S81	<u> </u>	279	275	378-4	3%	PRICE SECONDARY REFERENCE REFERENCE PART NUMBER	REFERRAL LOCATION INVOICE IN	3. WELL TYPE	SERVICE LOCATIONS 1. AUSSIC KS WELLIPRI	Services, Inc.	
APPROVAL	I A.M. I P.M. ISTOMER ACCEPTANCE OF MATE	ENT PRIOR TO			-						NCEI ACCOUNTING LOC ACCT DF	O. INVOICE INSTRUCTIONS	WELL CATI	NO. LEASE	CITY, STATE, ZIP CODE	ADDRESS
	acknowle	P.O. BOX 466	PAYMENT TO:	Drayque Coment	2	U-Ar	wife G	Cotton Seed Hulls	PTA	MILEAGE Tolk # 1/2	DESCRIPTION	IA ISTA	JOB PURPOSE	COUNTYPARISH COUNTYPARISH	DE	2.11. 14.
See see by or the makening only octahed history in Italia	ARE YOU SATISFIED WITH OUR SERVICE? U YES U CUSTOMER DID NOT WISH TO RESPOND OR TRESPOND TO THE MARKET OF THE M	OUR SERVICE WAS PERFORMED WITHOUT DELAY? PERFORMED THE EQUIPMENT AND PERFORMED JOB CALCULATIONS CALCULATIONS SATISFACTORILY?	l e	230%3 lbs 346.4		5	14	2	25.5	30	QTY. UM QTY		N P	KS Brownell		
Thank Carl	TOTAL 5007	MSS00	AGREE PAGE TOTAL O 2	755		94 42 00 210 00	25 60 3	2960	200 x	\(\frac{8}{1}\)	UNIT AMOUNT	Brownell- 243kg wind	ORDER NO.	DATE OWNER	PAGE OF	

PAGE NO. SWIFT Services. Inc. **JOB LOG** LEASE
Thompson
PRESSURE (PSI)
TUBING CASING CUSTOMER Drilling TICKET NO. 303/0 WELL NO. CHART NO. RATE (BPM) PUMPS T C VOLUME (BBL) (GAL) TIME DESCRIPTION OF OPERATION AND MATERIALS 1330 on location 1345 Ø 4 Primp *15 sks * down 8 % Mix 50 sks w/ 2 bogs Hulls Down 5/2 1400 36 1000 mix 14 des gel 21/2 45 1500 mix 1756ks FCO 100) wash up truck * 240 sks total * Job Compleke 1530 Thank You Dave Preston Kirby