

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

KANSAS CORPORATION COMMISSION 1367309
 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

GLOBAL OIL FIELD SERVICES, LLC

2929

REMIT TO 24 S. Lincoln
Russell, KS 67665

SERVICE POINT: Russell, KS

DATE <u>5-1-17</u>	SEC. <u>25</u>	TWP. <u>9S</u>	RANGE <u>19W</u>	CALLED OUT	ON LOCATION	JOB START	JOB FINISH
LEASE <u>PARSONS</u>	WELL #. <u>1</u>	LOCATION <u>ZURICH</u>			COUNTY <u>ROOKS</u>	STATE <u>KS</u>	<u>4AM</u>
OLD OR <u>NEW</u> (CIRCLE ONE)							

CONTRACTOR ROYAL DRILLING RIG#1

TYPE OF JOB Dry Hole Plug

HOLE SIZE 7 7/8" T.D. 3682'

CASING SIZE 8 5/8" DEPTH

TUBING SIZE DEPTH

DRILL PIPE 1 1/2" DEPTH 3610

TOOL DEPTH

PRES. MAX. MINIMUM

MEAS. LINE SHOE JOINT

CEMENT LEFT IN CSG.

PERFS

DISPLACEMENT

OWNER

CEMENT AMOUNT ORDERED 305 SX 100/40 P02
4% GEL 1/4 FLO

COMMON @

POZMIX @

GEL @

CHLORIDE @

ASC @

HANDLING @

MILEAGE

TOTAL

EQUIPMENT

PUMP TRUCK CEMENTER BRAD

409 HELPER COOY

BULK TRUCK DRIVER TOM

481

BULK TRUCK DRIVER

#

REMARKS:

1ST - Annly - 50 SX

2ND - 1585 - 50 SX

3RD - 945 - 100 SX

4TH - 270 - 50 SX

5TH - 40 - 10 SX

RAI - 30 SX

MOUST - 15 SX

CHARGE TO: MERIDIAN ENERGY

STREET

CITY STATE ZIP

SERVICE

DEPTH OF JOB

PUMP TRUCK CHARGE

EXTRA FOOTAGE @

MILEAGE @

MANIFOLD @

TOTAL

Global Oil Field Services, LLC

You are hereby requested to rent cementing equipment and furnish cementer and helper(s) to assist owner or contractor to do work as is listed. The above work was done to satisfaction and supervision of owner agent or contractor. I have read and understand the "GENERAL TERMS AND CONDITIONS" listed on the reverse side.

PRINTED NAME Doug Budig

SIGNATURE Doug Budig

PLUG & FLOAT EQUIPMENT

WOODEN PLUG @

TOTAL

SALES TAX (If Any)

TOTAL CHARGES

DISCOUNT _____ IF PAID IN 30 DAYS