

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

KANSAS CORPORATION COMMISSION 1370667
 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

JOB LOG

SWIFT Services, Inc.

DATE 10 OCT 17 PAGE NO. 1

CUSTOMER **NORSTAR** WELL NO. **1-28** LEASE **NORTON** JOB TYPE **Plug to Abandon** TICKET NO. **30734**

CHART NO.	TIME	RATE (BPM)	VOLUME (BBL) (GAL)	PUMPS		PRESSURE (PSI)		DESCRIPTION OF OPERATION AND MATERIALS
				T	C	TUBING	CASING	
								2 40 sk 60/40 poz mix (4% gel) 28 sk Benlate gel 2 sk cottonseed hulls 2 3/8 x 5 1/2
	0800							on loc TRK 110
	0830							tubing to 4572'
		3 3/4						mix Benlate gel 21 sk
		3 3/4	25			400		catch pressure
		3 3/4	46			400		- circ fluid to surface -
		3 1/2	61			650		Switch to 60/40 poz (4%) @ 13.1 ppg
			74					mix 30 sk w/ 2 sk hulls
		3 3/4	87			650		switch to flush - flush H ₂ O
	0855		87					Kickout - on slight vacuum
								pull tubing to 1600'
	1005	3 1/2						mix 30 sk 60/40 poz (4%) @ 13.1 ppg
		3 1/2	3			200		- circ fluid to surface -
		3 1/2	7			200		Switch to Flush
		3 1/2	11			200		Kickout - instant vacuum
	1020							pull to 1600'
	1050	3 1/2						mix 60/40 poz mix (4%) @ 13.1 ppg (circ to surface)
		1 1/2	17			150		→ cement to surface ← 65 sk
	1100							pull tubing from hole
	1115	1/2						hook up 8 5/8
		1/2	6			300		mix 60/40 (4%) @ 13.1 ppg holding 300psi 25 sk
								top of 6' 5 1/2"
	1145							→ cement standing at surface ← wash truck Rack up
	1220							job complete 160 cement mixed