

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

KANSAS CORPORATION COMMISSION 1375582
 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



Services, Inc.

TICKET 30467

CHARGE TO: Venture Resources
 ADDRESS: _____
 CITY, STATE, ZIP CODE: _____

PAGE 1 OF 1

SERVICE LOCATION: 1. Hay, Ky WELL/PROJECT NO. 4-3 LEASE Notie COUNTY/PARISH Rock STATE Ky DATE 12/7/2009 OWNER _____
 2. _____ TICKET TYPE CONTRACTOR CONTRACTOR Chito's Well Serv. RIG NUMBER _____ SHIPPED VIA CIT ORDER NO. _____
 3. _____ WELL TYPE _____ WELL CATEGORY _____ JOB PURPOSE Play To Abandon DELIVERED TO _____
 4. _____ INVOICE RESTRICTIONS _____ WELL PERMIT NO. _____ WELL LOCATION _____

PRICE REFERENCE	SECONDARY REFERENCE/ PART NUMBER	ACCOUNTING			DESCRIPTION	QTY.	UN	QTY.	UN	UNIT PRICE	AMOUNT
		LOC	ACCT	DF							
575		1			MIAGE #113	35	ml			5.00	175.00
576 P		1			Pump Service	1	per			800.00	800.00
290		1			D-Air	4	gal			42.00	168.00
295		1			Costa Seed Halls	6	slk			30.00	180.00
294		1			Gel	10	slk			25.00	250.00
581		1			Service Charge	875	slk			1.50	562.50
583		1			Drayage	530	ton			75.00	397.50
328-4		1			60/40 Bra 4% Col	250	slk			10.85	2562.50
298		1			Calcium Chloride	3	slk			40.00	120.00
580					Additional Hours Pump Service	3	hrs			200.00	600.00

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

OUR EQUIPMENT PERFORMED WITHOUT BREAKDOWN?	AGREE	UN-DECIDED	DIS-AGREE
WE UNDERSTOOD AND MET YOUR NEEDS?			
OUR SERVICE WAS PERFORMED WITHOUT DELAY?			
WE OPERATED THE EQUIPMENT AND PERFORMED JOB CALCULATIONS SATISFACTORILY?			
ARE YOU SATISFIED WITH OUR SERVICE?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	

CUSTOMER DID NOT WISH TO RESPOND

PAGE TOTAL: 5015 500

TAX: _____

TOTAL: _____

CUSTOMER ACCEPTANCE OF MATERIALS AND SERVICES The customer hereby agrees receipt of the parties 5 and 6 and use hereof on the 5/1/2009

DATE SIGNED: _____ TIME SIGNED: AM PM

APPROVAL: _____

Thank You!

JOB LOG

SWIFT Services, Inc.

DATE 12/7/2012 PAGE NO. 1

CUSTOMER		WELL NO.		LEASE		JOB TYPE		TICKET NO.	
Venture Resources		4-3		Nettie		Plug To Abandon		30467	
CHART NO.	TIME	RATE (BPM)	VOLUME (BBB) (GAL)	PUMPS		PRESSURE (PSI)		DESCRIPTION OF OPERATION AND MATERIALS	
				T	C	TUBING	CASING		
	10:30								On Loc. Set up + run
	11:00		30						open endal tubing 3380'
			13						Mix 10sk Gel 300 = Halls
			105						Mix 50sk 60/40 por 4% Gel
	11:30								Hole circulated with 30" pumped
	11:50		13						Displ to Balance
			4.6						Pull tubing to 1780'
	12:00								Mix 50sk out 4% Gel 4% CC
	12:20		13						Displ to Balance
			2.5						Pull tubing to 1270'
	12:30								Mix 50sk out 4% CC
	12:45		13						Displ to Balance
									Pull tubing to 1770'
	12:55								Mix 50sk out
	13:20								circulated to surface
									Pull tubing out of hole
	14:00								Hook up to 85% Cng.
						300			Pump 10sk out 300 psi
									Top off 5 1/2" 15sk
									Wash and Rack up + record
									JOS Comp late
	1600								Spot Cement on 2nd well same lease

Tom R. [Signature]

Reger, Tom, Austin, Texas