KOLAR Document ID: 1381315

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

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 #: | I API No. | 15 - | | | |
|--|-------------------------------|---|--|--|--|
| Name: | | Spot Description: | | | |
| Address 1: | ' | • | Twp S. R East West | | |
| Address 2: | | Feet from | | | |
| City: | + | Feet from East / West Line of S | | | |
| Contact Person: | Footage | s Calculated from Nea | rest Outside Section Corner: | | |
| Phone: () | | □ NE □ NW | SE SW | | |
| Type of Well: (Check one) Oil Well Gas Well OG D&A Water Supply Well Other: SWD Permit #: ENHR Permit #: Gas Storage Permit #: s ACO-1 filed? Yes No If not, is well log attached? Yeroducing Formation(s): List All (If needed attach another sheet) Depth to Top: Bottom: T.D. | Lease N Date We The plug by: | County: Well #: No Date Well Completed: The plugging proposal was approved on: (KCC District Agent's No | | | |
| Depth to Top: Bottom: T.D. | | | | | |
| Depth to Top: Bottom:T.D. | | g Completed | | | |
| | | | | | |
| Show depth and thickness of all water, oil and gas formations. | | | | | |
| Oil, Gas or Water Records | Casing Record (Su | sing Record (Surface, Conductor & Production) | | | |
| Formation Content Casing | Size | Setting Depth | Pulled Out | | |
| | | | | | |
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| | | | | | |
| Describe in detail the manner in which the well is plugged, indicating where to the cement or other plugs were used, state the character of same depth placed from the | · | | ods used in introducing it into the hole. If | | |
| Plugging Contractor License #: | Name: | | | | |
| ddress 1: Address | | ss 2: | | | |
| City: | State: | | | | |
| Phone: () | | | | | |
| Name of Party Responsible for Plugging Fees: | | | | | |
| | | | | | |
| State of County, | | | | | |

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.

GLOBAL OIL FIELD SERVICES, LLC

| REMIT TO 24 S. Lincoln | SE | SERVICE POINT: | | | | | |
|--|--|---|-------------|---|--|--|--|
| Russell, KS 67665 | | | 0 5 5 11 | to the per one tree | | | |
| DATE /-/7-18 SEC. TWP RANGE | CALLED OUT | ON LOCATION | JOB START | JOB FINISH | | | |
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| CONTRACTOR CO-TOOLS | OWNER | | | La desira visitation | | | |
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| TUBING SIZE DEPTH DRILL PIPE DEPTH | 740 | 60140 6 | 101 /01 | 700 # 41 | | | |
| DRILL PIPE DEPTH TOOL DEPTH | | Polar A | 75 (50) | | | | |
| PRES. MAX MINIMUM | COMMON | | _ @ | | | | |
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| CEMENT LEFT IN CSG. | GEL | | @ | | | | |
| PERFS | | | _ @ | | | | |
| DISPLACEMENT | | | _ @ | | | | |
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| PUMP TRUCK CEMENTER // | | | _ @ | _ | | | |
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| # DRIVER | | | _ @ | Charles and | | | |
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| CHARGE TO: STROKE OF LUCK EVERS | 4 | | | | | | |
| STREET | | | TOTA | AL | | | |
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| CITYSTATEZIP | Service Service Late In | PLUG & FLO | DAT EQUIPMI | ENT | | | |
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| Global Oil Field Services, LLC | CALANA II STATE | THE RESERVE | 0 | COLON CHAT LINE DID IN | | | |
| You are hereby requested to rent cementing equipment ar | nd | | _ @ | A CONTRACTOR | | | |
| furnish cementer and helper(s) to assist owner or contractor | to | WEST ROPERTY | _ @ | TOWN TRANSPORTER | | | |
| do work as is listed. The above work was done to satisfaction | on | CONTRACTOR OF STREET | _ @ | PROPERTY AND REALISTED | | | |
| and supervision of owner agent or contractor. I have read ar | | 4 3 1 1 1 1 1 1 1 | - @ | | | | |
| understand the "GENERAL TERMS AND CONDITIONS | S" | | - 0 | | | | |
| listed on the reverse side. | | The second second | TOT | AL | | | |
| 0 11 | | | | | | | |
| PRINTED NAME BUTCH DIYILE | _ SALES TAX | (If Any) | | | | | |
| SIGNATURE And M | TOTAL CHA | RGES | | | | | |
| | DISCOUNT_ | | | _ IF PAID IN 30 DAYS | | | |

DISCOUNT_



Please Remit To: P.O. Box 549 Hays, KS 67601

Phone: (785) 628-6395 Fax: (785) 628-3651

FIELD TICKET No.

- 2319

| DATE _ | 1- | 17- | 17 | |
|--------|----|-----|----|--|
| UNIT#_ | 16 | 21 | | |

| INVOICE NO. | | P.O. I | NO. | | | | AFE NO. | |
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| CUSTOMER STOCK | oof Luck | LEAS | SE MS | :C1 | ellan | #3 | WELL NO. | |
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| STATE | ZIP | V. Jillien J. Inc. | TYPE OF JOB | | | | | |
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| CALLED OUT | ON LOCATION | COMPLETED | | TOTAL SERVICE & MATERIALS | | | | |
| Time | Time | | Time | DISCOUNT | | | | |
| Date | DateDate | | | TAX | | | | |
| *ACCIDENT REPORT MUST BE ATTACHED WHEN NOT SIGNED | | | | TOTAL CHARGES | | | | |
| WITH MY INITIALS, I CONFIRM TO "HOURS" COLUMN, ACCURATELY | HAT THE TIME SHOWN IN THE Y REFLECTS MY COMPENSABLE T | IME. | | | | | | |
| Employee Name (Print) | Hou | urs Initials | | | | | | |
| Mike Thom Javier Cou. | nason | | | | | | | |
| -JaW15 10W | 4-17191 | | | | | | | |

CUSTOMER AGREES to pay (the "Company") on a net 45 day basis from date of invoice to avoid loss of discount. Invoices older then 45 days are subject to loss of discount on ticket. If Customer disputes any item invoiced, Customer shall, within 20 days after receipt, notify the Company of the item(s) disputed, specifying the reason(s) therefor; payment of the disputed item(s) may be withheld until settlement of dispute, but payment of undisputed portion of invoice shall be made without delay. All payments shall be made at the address shown on the reverse side of this document. In the absence of a separate written contract, CUSTOMER REPRESENTATIVE REPRESENTS AND WARRANTS THAT HE/SHE IS AUTHORIZED TO ENTER INTO THIS AGREEMENT ON BEHALF OF CUSTOMER AND ACCEPTS ALL TERMS AND CONDITIONS AS PRINTED ON THE REVERSE SIDE OF THIS DOCUMENT (WHICH INCLUDES INDEMNITY LANGUAGE THAT ALLOCATES RISKS RELATED TO THE ABOVE DESCRIBED SERVICES). Pricing and extensions, if shown above, are subject to verification and correction at time of invoicing.

x Mis how

CUSTOMER REPRESENTATIVE