KOLAR Document ID: 1416628

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 #*			API No.	15 -								
Address 1:			I .	Sec Twp S. R East V								
				Feet from North / South Line of Sec								
City:	State:	Zip: +		Feet from East / West Line of Se								
Contact Person:			Footage	Footages Calculated from Nearest Outside Section Corner:								
Phone: ()				□ NE □ NW □ SE □ SW								
Water Supply Well ENHR Permit #: Is ACO-1 filed? Yes Producing Formation(s):	Other: Ga No If not, i List All (If needed attach a	SWD Permit #: as Storage Permit #: swell log attached? Yes [nother sheet) Bottom: T.D.	Lease N Date We The plug	County: Well #: Well #: The plugging proposal was approved on: (KCC District Agent's Name) Plugging Commenced:								
De	pth to Top:	Bottom: T.D	""									
De	pth to Top:	Bottom:T.D	——— Plugging	g Completed:								
Show depth and thickness	ss of all water, oil and gas	formations.										
Oil, Gas or V	Water Records		Casing Record (Su	ırface, Conductor & Prod	luction)							
Formation	Content	Casing	Size	Setting Depth	Pulled Out							
		plugged, indicating where the muter of same depth placed from (but it is a first from the muter of same depth placed from (but it is a first from the muter of same depth placed from the same depth placed from the muter of same depth placed from the same depth placed from t	·		ods used in introducing it into the hole. If							
Plugging Contractor Lice	ense #:		_ Name:	»:								
Address 1:			_ Address 2:									
City:			State:									
Phone: ()												
Name of Party Responsil	ble for Plugging Fees:											
State of	Cou	unty,	, SS.									
	(Print Na	ma)	E	mployee of Operator or	Operator on above-described well,							

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.

Service	FT			CHARGE ADDRESS CITY, STA	<u> MARSon</u>	Engineezing	,					TICKET ()	31468
SERVICE LOCATION 1.		WELL/PROJE	ECT NO.	LEA	GE 12.	COUNTY/PARISH	STATE	CITY			=	DATE ,	OWNER
1. /US	Lity KS	TICKET TYPE	CONTRAC	<u> </u>	SE Burgess	RIG NAME/NO.	<u>KS</u>	DELIVERE	र्मेंप	<i>,</i>		6 Jun (8 ORDER NO.	
3		SERVICE SALES	00,111110		WILD WEST	11017/18/2140:	, VIACT		tion	<u>)</u> .		ORDENTIA.	
4	. <u></u>	WELL TYPE			L CATEGORY J	OB PURPOSE	\	WELL PER	MIT NO			WELL LOCATION	
REFERRAL LOCAT	ION	INVOICE INS	TRUCTION		<u> </u>	Plug to Abanc	767	<u> </u>				29-16-	72
PRICE	SECONDARY F			DUNTING	DESC	RIPTION						UNIT	AMOUNT
REFERENCE	PART NU	MBER	LOC A	ACCT DI				QTY. U		QTY.	U/M	PRICE	
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<u>576P</u>			-		Pump Charge		#	10	-			875 ∞	
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276					Flocele	T. U.		75]			<u> </u>	2/50	
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<u> </u>		·	+; -		D-ATR			709				42,00 1 75	77
			1			pege (min)		300 5		1	1 00		
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			- - -						-		. 		- -
			1					<u>'</u>		·	1	<u>-</u> <u>'</u>	
LEGAL TERMS:	Customor borol	ov acknowlode		roop to	<u></u>		SUR	/EY	AGREE	UNDECIDED	DISAGRE		4849 50
the terms and cor	nditions on the re	verse side her	eof which i	include,				OUR EQUIPMENT PERFORMED WITHOUT BREAKDOWN?				PAGE TOTAL	-4/4
but are not limite			INDEMNIT	Y, and			WE UNDERSTOOD AN MET YOUR NEEDS?	0				107,0,50	10112
LIMITED WARRANTY provisions.				SWIFT SERVICES, INC. OUR SERVICE WAS PERFORMED WITHOUT DE			T DELAY?				<u> </u>	4363 65	
MUST BE SIGNED BY CUSTOMER OR CUSTOMER'S AGENT PRIOR TO START OF WORK OR DELIVERY OF GOODS.				P.O. BOX 466 WE OPERATED THE COURT							TAM A	01:011	
X					NESS CITY, KS 67560 CALCULATIONS SATISFACTORILY?							Nessist	136
DATE SIGNED	Т	IME SIGNED	P	A.M. P.M.		98-2300	ARE YOU SATISFIED W	TH OUR SERVICE? YE CUSTOMER DID		□ NO H TO RESP	OND	TOTAL	4647 29
•	сиѕтомі	ER ACCEPTA			S AND SERVICES The	e customer hereby ackr	nowledges receip	of the mate	rials a	nd servi	ces list	ed on this ticket.	
SWIFT OPERATOR	1 %	126	DNG	APPF	OVAL								Thank You!

SWIFT Services. Inc. JOB LOG' 81 not 3 TICKET NO. 31468 LEASE Burges CUSTOMER Engineering Phy to Abruan WELL NO. 1-29 PRESSURE (PSI) RATE (BPM) PUMPS VOLUME (BBL) (GAL) CHART DESCRIPTION OF OPERATION AND MATERIALS TIME TUBING CASING 300sk 60/40 poznix (4% ge) w/ 4# florde 28×512 ik K 1350 on loc TRK [14 28 to 4404' - est-fluid 1300'
mix 60/40(190) 2056 w/ 25k hulls @ 13.1 pg.
Displace w/ H20
pull tubing to 1985' 1400 φ ID 15 1410 150 zΨ 58 1530

DATE

PAGE NO.

5	WIF	77
Ser	vices,	Inc.

CHARGE TO:	alson_	Englis	e como		
ADDRESS			-	,	
CITY, STATE, ZIP	CODE				

TICKET U31587

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Service	s, Inc.			CITY,	STATE,	ZIP CODE	-								P	AGE 1	OF j	
SERVICE LOCATIONS	ity KS		1-29	i	EASE	Surgess	cour	NTY/PARISH		STATE	CITY	old.			DATE 6-7-1	8 0	WNER Same	
2. TICKET TYPE CONTRACTOR SERVICE SALES					RIG NAME/NO. SHIPPED DELIVERED TO ORDER NO.								<u> </u>	- J. III E				
3. WELL TYPE WE				ATEGORY	JOB PURP	 _	WELL PERMIT NO.						WELL LOCATION					
REFERRAL LOCAT	ION	INVOICE INST	FRUCTION	ONS	bock	axi	<u> </u>	TA/Top	DH						Arnold.	Ju, 1:	5, /4 w,	Link
PRICE REFERENCE	SECONDARY P		AC LOC	COUNTIN	G DF	D	ESCRIPTION				QTY. U/	м	QTY,	U/M	UNI		AMOU	NT
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328-4			11		" .	_	OZMix	_(4% Gc)	1		<u> </u>	_\	<u>40 </u>	515	<u></u>) 60	1484	100
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582			1		1	Minimum.	Drayage							ca	250) 00	250) @
LEGAL TERMS: Customer hereby acknowledges and agrees to the terms and conditions on the reverse side hereof which include,				,	REMIT F	PAYMEN	NT TO:	OUR EQUIPM WITHOUT BR	EAKDOWN?		AGREE	UNDECIDED	DISAGRI	PAGET	OTAL :	3080	50	
but are not limited to, PAYMENT, RELEASE, INDEMNITY, and LIMITED WARRANTY provisions.				1	SWIFT SERVICES, INC. WE UNDERSTOOD AND MET YOUR NEEDS? OUR SERVICE WAS PERFORMED WITHOUT D		DELAY2	_			102 Ja	Disc	-308 2770	145				
MUST BE SIGNED BY CUSTOMER OR CUSTOMER'S AGENT PRIOR TO START OF WORK OR DELIVERY OF GOODS.							BOX 466 WE OPERATED THE EQUI				_	<u> </u>	NC	کی				
X				_		NESS CI	S CITY, KS 67560 CALCULATIONS SATISFACTORILY?							650 1			21	
DATE SIGNED	6-7-18	ME SIGNED		□ A.M. □ P.M.		785-	798-230	00	ANE TOU SA		☐ YES	MER DID NOT WISH TO RESPOND			TOTAL		295	2/1/6
	CUSTOME	R ACCEPTAN	NCE OF	MATER	IALS A	ND SERVICES	The custome	er hereby ackno	wledges r	_		_			ed on this ti	icket.	11/10	1 6 -

SWIFT OPERATOR

David Kuchn

APPROVAL

Thank You!

PAGE NO. SWIFT Services. Inc. JOB LOG CUSTOMER WELL NO. USTOMEN Engineering Burgess 41-29 PRESSURE (PSI) CHART TIME RATE VOLUME DESCRIPTION OF OPERATION AND MATERIALS TUBING CASING 1130 FL 1500' Plug Down 51/2" easing to Top off mix 140 sks Down 5/2" 包11岁 3岁 36 36 1200 Relose Pressure / Air 51/2" staying full wash up truck *140sks 60/40 4% Gell Hotal * 1230 Job Complete Thank You Dave Preston Kirley