

**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 #: \_\_\_\_\_

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.

\_\_\_\_\_  
(Print Name)  Employee 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.

**Submitted Electronically**



TICKET 10008

CHARGE TO: ATM Bill  
 ADDRESS  
 CITY, STATE, ZIP CODE

PAGE 1 OF 1

SERVICE LOCATIONS

1. 10008 WELL/PROJECT NO. 10008 LEASE Duck Creek COUNTY/PARISH Beauregard STATE LA CITY Beauregard DATE 3/21/07 OWNER Beauregard

2. TICKET TYPE  SERVICE  SALES CONTRACTOR Beauregard RIG NAME/NO. Beauregard SHIPPED VIA Truck DELIVERED TO Beauregard ORDER NO. Beauregard

3. WELL TYPE D.I. WELL CATEGORY W.C. JOB PURPOSE W.C. to M.C. WELL PERMIT NO. Beauregard WELL LOCATION Beauregard

4. REFERRAL LOCATION Beauregard INVOICE INSTRUCTIONS Beauregard

PRICE REFERENCE	SECONDARY REFERENCE/PART NUMBER	ACCOUNTING		DESCRIPTION	QTY.	U/M	QTY.	U/M	DISAGREE	AMOUNT
		LOC	ACCT							
571		1								300.00
571		1		MILEAGE <u>Tk. # 11</u>	1	hr	1	hr		935.00
285-4		1		60140 Revenue <u>4th and</u>	370	hr				4070.00
211		1		Collier <u>2nd 1/2 mile</u>	2	hr				70.00
220		1		D.I.	4	hr				168.00
287		1		GMT Service <u>charge</u>	450	hr				832.50
288		1		Charge	39000	lb	1100	hr		1128.00
PAGE TOTAL										74914.10

**REMIT PAYMENT TO:**  
 SWIFT SERVICES, INC.  
 P.O. BOX 466  
 NESS CITY, KS 67560  
 785-798-2300

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.

**X** DATE SIGNED: 3/21/07 TIME SIGNED:  A.M.  P.M.

APPROVAL: [Signature]

CUSTOMER ACCEPTANCE OF MATERIALS AND SERVICES The customer hereby acknowledges receipt of the materials and services listed on this ticket.

SWIFT OPERATOR [Signature] APPROVAL

Thank You!

JOB LOG

SWIFT Services, Inc.

DATE 2/1/81 PAGE NO. 1

CUSTOMER *John P. P.* WELL NO. *117* LEASE *Unit 20* JOB TYPE *Plugging* TICKET NO. *3469*

CHART NO.	TIME	RATE (BPM)	VOLUME (BBL) (GAL)	PUMPS		PRESSURE (PSI)		DESCRIPTION OF OPERATION AND MATERIALS
				T	C	TUBING	CASING	
	<i>1330</i>							<i>On 1.000 21.5 ft</i>
	<i>1340</i>	<i>4</i>	<i>5</i>				<i>30</i>	<i>Plug 3 1/2" w/ 20 lbs</i>
	<i>1350</i>	<i>4</i>	<i>30</i>				<i>102.2</i>	<i>Plug @ 4212' w/ 1/2" of 60/90 Screen 4000' &amp; 20' of 1/2" flow line 11/16"</i>
								<i>-Pull 63 ft.</i>
	<i>1345</i>	<i>3</i>	<i>58</i>				<i>402.2</i>	<i>Plug @ 2700' w/ 220 lbs * 1/2" flow line 11/16" -10' 1/2" flow line</i>
								<i>TIH</i>
	<i>14 16 17.2</i>	<i>1</i>	<i>5</i>					<i>Top of 5 1/2" w/ 20 lbs</i>
	<i>1322</i>		<i>9</i>					<i>Top of 5 1/2" w/ 35 lbs ON the Dept. Down # 3</i>
	<i>1326</i>							<i>Working TIH #11</i>
	<i>1344</i>							<i>Job Complete 3000' + 200' / 11/16" w/ Dept. Down # 7 35 lbs to Top of Dept. D - #11 TIH #11 3000' + 200' / 11/16" w/ Dept. Down # 7</i>