

**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.  
 \_\_\_\_\_  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**



TICKET

CHARGE TO: H & M Enterprises  
 ADDRESS: \_\_\_\_\_  
 CITY, STATE, ZIP CODE: \_\_\_\_\_

SERVICE LOCATIONS

1. WELL/PROJECT NO. \_\_\_\_\_ LEASE Dodge Dr. COUNTY/PARISH Louis STATE KS CITY \_\_\_\_\_ DATE \_\_\_\_\_ OWNER \_\_\_\_\_

2. TICKET TYPE  SERVICE  SALES CONTRACTOR Quality Dr. RIG NAME/NO. \_\_\_\_\_ DELIVERED TO \_\_\_\_\_ ORDER NO. \_\_\_\_\_

3. WELL TYPE \_\_\_\_\_ WELL CATEGORY \_\_\_\_\_ JOB PURPOSE \_\_\_\_\_ WELL PERMIT NO. \_\_\_\_\_ WELL LOCATION \_\_\_\_\_

4. REFERRAL LOCATION \_\_\_\_\_ INVOICE INSTRUCTIONS \_\_\_\_\_

PRICE REFERENCE	SECONDARY REFERENCE/ PART NUMBER	ACCOUNTING		DESCRIPTION	QTY.	U/M	QTY.	U/M	UNIT PRICE	AMOUNT
		LOC	ACCT							
372		1					60	mi	5.00	300.00
571-P		1		MILEAGE <u>Per Charge - PD</u>			1	hr	925	925.00
380-4		1		<u>60140 Pozzini 47 gal</u>			300	stk	1.00	300.00
372		1		<u>Cuban Sand Hubs</u>			3	stk	35.00	105.00
374		1		<u>D-H.</u>			4	gal	40.00	160.00
331		1		<u>CMT Sump Lines</u>			300	hr	1.85	555.00
383		1		<u>Drainage</u>			799	hr	0.71	752.29
					PAGE TOTAL				6105.40	

**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

DATE SIGNED [Signature] TIME SIGNED 4:00  A.M.  P.M.

SURVEY PERFORMED WITHOUT BREAKDOWN?  DISAGREE

WE UNDERSTOOD AND MET YOUR NEEDS?  DISAGREE

OUR SERVICE WAS PERFORMED WITHOUT DELAY?  DISAGREE

WE OPERATED THE EQUIPMENT AND PERFORMED JOB CALCULATIONS SATISFACTORILY?  DISAGREE

ARE YOU SATISFIED WITH OUR SERVICE?  YES  NO  CUSTOMER DID NOT WISH TO RESPOND

TAX \_\_\_\_\_ TOTAL \_\_\_\_\_

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

SWIFT OPERATOR [Signature] APPROVAL [Signature]

Thank You!

JOB LOG

SWIFT Services, Inc.

DATE 123-2011 PAGE NO. 1

CUSTOMER 11277 K... WELL NO. 111 LEASE 11277 P... JOB TYPE Production TICKET NO. 33661's

CHART NO.	TIME	RATE (BPM)	VOLUME (BBL) (GAL)	PUMPS		PRESSURE (PSI)		DESCRIPTION OF OPERATION AND MATERIALS
				T	C	TUBING	CASING	
	1200							One Location 2 7/8 x 1 1/2
	1240					200		Plg @ 8 1/2' w/ 20' sk.
	1300	4	25	✓				Vamp 20' w/ 11,0
		4	22	✓				Plg @ 4,400' w/ 85' sk. f 6 1/2" Plg @ 20' f 11 1/2" sk.
	1430	4	23	✓		30		Plg @ 2400' w/ 195' sk. K... of CMI... And out of CMI... - will stop for following day TCM
	1500							Working 7 1/2" w/ 11 1/2" There was a... 6 1/2" w/ 11 1/2" Thru... 200' sk. f. 6 1/2" Plg @ 20' w/ 11 1/2" sk. W/ plg @ 20' f 11 1/2" sk. Thru... Thru... K... by...