

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

Form CP-4
March 2009

Type or Print on this Form
Form must be Signed
All blanks must be Filled

WELL PLUGGING RECORD
K.A.R. 82-3-117

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 00-36

CHARGE TO: H + M RILLI
 ADDRESS
 CITY, STATE, ZIP CODE

PAGE 1 OF 1

SERVICE LOCATIONS

1. WELL/PROJECT NO. SWD 01 LEASE Frank COUNTY/PARISH LAKE STATE LA DELIVERED TO OWNER

2. TICKET TYPE SERVICE SALES CONTRACTOR Quanta Disk RIG NAME/NO. DELIVERED TO

3. WELL TYPE SWD WELL CATEGORY Well Job PURPOSE Rig Breakdown WELL PERMIT NO.

4. REFERRAL LOCATION INVOICE INSTRUCTIONS

| PRICE REFERENCE | SECONDARY REFERENCE/ PART NUMBER | ACCOUNTING | | DESCRIPTION | QTY. | U/M | QTY. | U/M | DISAGREE | UNIT PRICE | AMOUNT |
|---|-------------------------------------|------------|------|---------------------|------|-----|------|-----|----------|------------|--------|
| | | LOC | ACCT | | | | | | | | |
| 228-9 | | 1 | | | | | 60 | M | | 5 | 300 |
| 277 | | 1 | | MILEAGE TRK SWD | | | 1 | | | 980 | 980 |
| 280 | | 1 | | 60/141 Meter 4/ job | | | 180 | M | | 11 | 1980 |
| | | 1 | | Colton Seal Hold | | | 3 | M | | 35 | 70 |
| | | 1 | | D-A | | | 2 | M | | 40 | 84 |
| | | 1 | | CMT Seal - wage | | | 200 | M | | 1.5 | 300 |
| | | 1 | | D... | | | 528 | M | | 1.1 | 581 |
| <p>REMIT PAYMENT TO: SWIFT SERVICES, INC. P.O. BOX 466 NESS CITY, KS 67560 785-798-2300</p> | | | | | | | | | | PAGE TOTAL | 4730 |

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 [Signature]

DATE SIGNED: 3-23-01 TIME SIGNED: 4:00 A.M. P.M.

YES NO CUSTOMER DID NOT WISH TO RESPOND

OUR EQUIPMENT PERFORMED WITHOUT BREAKDOWN?
 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?

TOTAL

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

WIFT OPERATOR [Signature] APPROVAL [Signature]

Thank You!

JOB LOG

SWIFT Services, Inc.

DATE 2-22-14 PAGE NO. 1

CUSTOMER *W. H. ...* WELL NO. *500231* LEASE *...* JOB TYPE *Play to Above* TICKET NO. *33666*

| CHART NO. | TIME | RATE (BPM) | VOLUME (BBL) (GAL) | PUMPS | | PRESSURE (PSI) | | DESCRIPTION OF OPERATION AND MATERIALS |
|-----------|------|------------|--------------------|-------|---|----------------|--------|--|
| | | | | T | C | TUBING | CASING | |
| | 1300 | | | | | | | On location 2 1/2 x 4 1/2 |
| | 1340 | 4 | 42 | ✓ | | 400 | | Play G. 21800 w/ 100 st. + 200' of 60/110 5' x 11 1/2 |
| | | | | | | | | TOH |
| | 1320 | 4 1/2 | 30 | ✓ | | 600 | | Top off 4 1/2 w/ 11 1/2 |
| | 1315 | 1/4 | 1 | ✓ | | 300 | | Play 8 1/2 w/ 500 |
| | 1345 | | | | | | | Water in T1 # 1185 |
| | 1600 | | | | | | | Job Complete |
| | | | | | | | | Thanks |
| | | | | | | | | W. H. ... |
| | | | | | | | | 180 st. of 60/110 1' x 4 1/2 yrd + 200' of 11 1/2 |