

**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**

Form	CP4 - Well Plugging Record
Operator	H & M Petroleum Corporation
Well Name	DOYLE'S DOME 5
Doc ID	1569849

Producing Formations

Formation	Top	Bottom	Total Depth
LKC-K	4208	4210	
LKC-L	4258	4262	
Marmaton-B	4393	4396	
Johnson	4529	4531	



TICKET 00009

CHARGE TO: *H-11 Refinery*  
 ADDRESS  
 CITY, STATE, ZIP CODE

PAGE 1 OF 1

SERVICE LOCATIONS

1. *New York* WELL/PROJECT NO. LEASE COUNTY/PARISH STATE CITY DATE OWNER

2. *...* CONTRACTOR RIG NAME/NO. SHIPPED VIA DELIVERED TO ORDER NO.

3. *...* WELL TYPE WELL CATEGORY JOB PURPOSE WELL PERMIT NO. WELL LOCATION

4. *...* INVOICE INSTRUCTIONS

PRICE REFERENCE	SECONDARY REFERENCE/PART NUMBER	ACCOUNTING		DESCRIPTION	QTY.	U/M	QTY.	U/M	UNIT PRICE	AMOUNT
		LOC	ACCT							
576		1								
576P		1		MILEAGE TRF# 115	60	mi			5	300
		1		Roy Charge PTA	1	lb			920	920
238-4		1		60140 Repair 4k gel	437	gal			1	437
272		1		Cable Seal Wash	3	lb			36	108
390		1		D-A	5	gal			40	200
54		1		CMT Service Charge						
533		1		Drump						

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: *...* TIME SIGNED:  A.M.  P.M.

SURVEY

OUR EQUIPMENT PERFORMED WITHOUT BREAKDOWN?  AGREE  UNDECIDED  DISAGREE

WE UNDERSTOOD AND MET YOUR NEEDS?  AGREE  UNDECIDED  DISAGREE

OUR SERVICE WAS PERFORMED WITHOUT DELAY?  AGREE  UNDECIDED  DISAGREE

WE OPERATED THE EQUIPMENT AND PERFORMED JOB CALCULATIONS SATISFACTORILY?  AGREE  UNDECIDED  DISAGREE

ARE YOU SATISFIED WITH OUR SERVICE?  YES  NO

CUSTOMER DID NOT WISH TO RESPOND

PAGE TOTAL: *...*

TAX

TOTAL

REMIT PAYMENT TO:

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

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

OPERATOR: *...* APPROVAL: *...*

Thank You!

JOB LOG

SWIFT Services, Inc.

DATE 2-2-21 PAGE NO. 1

CUSTOMER HEM Petroleum WELL NO. 115 LEASE D.J. D. JOB TYPE Heavy Mineral TICKET NO. 38609

CHART NO.	TIME	RATE (BPM)	VOLUME (BBL) (GAL)	PUMPS		PRESSURE (PSI)		DESCRIPTION OF OPERATION AND MATERIALS
				T	C	TUBING	CASING	
	1200							On Lamson 2 1/2" x 1 1/2"
			23					
	1230	4	25		✓		300	Phog 9/8 at 10' sk.
	1240	4	23	✓		300		Phog @ 4270' w/ 30' sks + 30' sk Cotton Seed Halls
								Hall 64 sks
								Phog @ 2200' w/ 20' sk K.C. 10' sk. CMH 10' sk. S. 10' sk.
	144	3	62	✓		300		Phog 30' sk. CMH 10' sk. S. 10' sk. H. 10' sk. K.C. 10' sk. S. 10' sk.
	1515							- Road to 10' sk. CMH 10' sk. S. 10' sk. *Deduct to 10' sk. H. 10' sk. S. 10' sk.
	1115		26	✓		340		Phog 100' sk. K.C. 10' sk. CMH 10' sk. S. 10' sk.
								TDI
								Top off w/ 40' sk. CMH 10' sk. S. 10' sk. to 400'
								*Deduct to 10' sk. CMH 10' sk. S. 10' sk. w/ 40' sk. CMH 10' sk. S. 10' sk.
	1710							Top off w/ 40' sk. CMH 10' sk. S. 10' sk. w/ 40' sk. CMH 10' sk. S. 10' sk.
								Sub Complete
								400' sk. 60/90 K. 10' sk. 4' sk. + 300' of Halls w/ 10' sk.
								A. 10' sk. S. 10' sk.



