KOLAR Document ID: 1661493

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 #:			I APIN	lo. 15 -					
				Description:					
Address 1:			1 '	•	wp S. R East West				
				Feet from					
City:	State:			Feet from East / West Line of Section					
Contact Person:			Foota	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): List	Other: Gas S No If not, is w All (If needed attach anoth	Storage Permit #:	Lease Date No The p	County: Well #: Date Well Completed: (Date) by: (KCC District Agent's Name)					
Depth to	•	ttom: T.D	Plugg	ging Commenced:					
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Бериги	о юр во	itom 1.D							
Show depth and thickness of	all water, oil and gas for	mations.	•						
Oil, Gas or Wate	r Records		Casing Record	Record (Surface, Conductor & Production)					
Formation	Content	Casing	Size	Setting Depth	Pulled Out				
	•	gged, indicating where the mu of same depth placed from (b	•		ods used in introducing it into the hole. If				
Plugging Contractor License	#:		_ Name:	ə:					
Address 1:			_ Address 2:	ss 2:					
City:			State:	:	Zip:+				
Phone: ()									
Name of Party Responsible for	or 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.

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

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WE OPERATED THE EQUIPMENT
AND PERFORMED JOB
CALCULATIONS
SATISFACTORILY? OUR EQUIPMENT PERFORMED WITHOUT BREAKDOWN? SURVEY WE UNDERSTOOD AND MET YOUR NEEDS?

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

APPROVAL

SWIFT OPERATOR

□ A.M. □ P.M.

TIME SIGNED

DATE SIGNED

START OF WORK OR DELIVERY OF GOODS.

X

Mr. Lach

Thank You!

JOB LÖ)G				SWIF	T Seri	vices. Inc.	DATE. (%) 21/22	PAGE NO.
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