

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



CHARGE TO: Mr. J. Del. Co.
 ADDRESS _____
 CITY, STATE, ZIP CODE _____

TICKET 36017

PAGE 1 OF 1

SERVICE LOCATIONS

1. Ness City WELL/PROJECT NO. 1-12 LEASE Brown Trust COUNTY/PARISH Scott STATE KS CITY _____ DATE 4-13-05 OWNER _____

2. _____ TICKET TYPE SERVICE SALES CONTRACTOR _____ RIG NAME/NO. _____ ORDER NO. _____

3. _____ WELL TYPE oil WELL CATEGORY Waterflood JOB PURPOSE PTA SHIPPED VIA ct DELIVERED TO location WELL PERMIT NO. _____

4. _____ REFERRAL LOCATION _____ INVOICE INSTRUCTIONS _____ WELL LOCATION Healey 15-02

PRICE REFERENCE	SECONDARY REFERENCE/ PART NUMBER	ACCOUNTING LOC ACCT DF	DESCRIPTION	QTY. U/M		QTY. U/M		UNIT PRICE	AMOUNT
				QTY.	U/M	QTY.	U/M		
525			MILEAGE TRACK 112	75	mi			8.00	600.00
576 P			Pump Charge (PTA)	1	TRB			1200.00	1200.00
328-4			60/40 pump 4 1/2 gal	300	SK			13.00	3900.00
290			D-Air	2	gal			42.00	84.00
581			CMT Service Charge	250	SK			2.00	500.00
583			Drayage	70925	lbs			1.00	70925.00

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 4-13-05 TIME SIGNED 11:30 A.M. P.M.

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

SURVEY

OUR EQUIPMENT PERFORMED WITHOUT BREAKDOWN? YES NO

WE UNDERSTOOD AND MET YOUR NEEDS? YES NO

OUR SERVICE WAS PERFORMED WITHOUT DELAY? YES NO

WE OPERATED THE EQUIPMENT AND PERFORMED JOB CALCULATIONS SATISFACTORILY? YES NO

ARE YOU SATISFIED WITH OUR SERVICE? YES NO

PAGE TOTAL 8 TOTAL 6857.87

SWIFT OPERATOR Robert Hogue APPROVAL _____

Thank You!

JOB LOG

SWIFT Services, Inc.

DATE 4-13-23	PAGE NO. 1
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CUSTOMER Mull Dr. Ig. Co.	WELL NO. 1-12	LEASE Brown Trust	JOB TYPE PTA
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CHART NO.	TIME	RATE (BPM)	VOLUME (BBL) (GAL)	PUMPS		PRESSURE (PSI)		DESCRIPTION OF OPERATION AND MATERIALS
				T	C	TUBING	CASING	
	9:45							ON location 5 1/2" CSG.
	10:10		46		✓			pump H2O spacer 4430' to 2500'
	10:30		8		✓			mix 30 SKS of 60/40 pp2 4% gel @ 13.1 H2O spacer PP3
			16		✓			
			42		✓			1550' cmt to surface 160 SKS
	11:00		2.5		✓			105 KS Annulus
	11:20							wash pump truck
	11:45							Job Complete Thanks! Preston, Kirby, John
								200 SKS 60/40 pp2 4% gel used

