KOLAR Document ID: 1768249

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 #:			AF	PI No. 1	5			
Name:								
Address 1:			_		Sec Tv	vp S. R East West		
Address 2:			_		Feet from	North / South Line of Section		
City:	State:	Zip: +	_		Feet from	East / West Line of Section		
Contact Person:			Fo	otages	Calculated from Neare	st Outside Section Corner:		
Phone: ()					NE NW	SE SW		
Type of Well: (Check one)		OG D&A Cathodic	Co	,		Well #:		
ENHR Permit #:	Gas Sto	rage Permit #:						
Is ACO-1 filed? Yes	No If not, is well	log attached? Yes			•	oved on: (Date)		
Producing Formation(s): List A	II (If needed attach another	sheet)	by	:		(KCC District Agent's Name)		
Depth to	Top: Botton	m: T.D	_{Pli}	ıaaina	Commenced:			
Depth to	Top: Botto	m: T.D		00 0				
Depth to	Top: Botto	m:T.D	' '	agging	Completed.			
Show depth and thickness of a	all water, oil and gas forma	ations.						
Oil, Gas or Water	Records		Casing Reco	ing Record (Surface, Conductor & Production)				
Formation	Content	Casing	Size		Setting Depth	Pulled Out		
cement or other plugs were us		-				ds used in introducing it into the hole. If		
Plugging Contractor License #		Name:						
Address 1:			Address 2: _					
City:			Sta	ate:		Zip:+		
Phone: ()								
Name of Party Responsible fo	r Plugging Fees:							
State of	County, _		, s	SS.				
			Г	_	nployee of Operator or	Operator on above-described well,		
	(Print Name)			=[]	inproyee or 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.

Sei		S
pic	74	Z
es	18,	
In	人为	L
Inc.	(Sa	1

obstruction controls	ADDRESS TOMORICAN WARRIOR
	AUURESS

CKE

6477

1000	d on this ticket	s and services liste	ipt of the material	nowledges rece	S AND SERVICES The customer hereby acknowledges receipt of the materials and services listed on this ticket.	CUSTOMER ACCEPTANCE OF MATERIALS AND SERVICES	CUSTOMER ACCEP	SWIFT OPERATOR
7680 (37)	TOTAL	☐ NO WISH TO RESPOND	CUSTOMER DID NOT WISH TO RESPOND	And Tou SAllishie	785-798-2300	□ A.M. □ P.M.	TIME SIGNED	DATE SIGNED
319197	Ethis		HE EQUIPMENT	WE OPERATED THE EQUIPMENT AND PERFORMED JOB CALCULATIONS SATISFACTORILY?	P.O. BOX 466 NESS CITY, KS 67560	PRIOR TO	MUST BE SIGNED BY CUSTOMER OR CUSTOMER'S AGENT PRIOR TO START OF WORK OR DELIVERY OF GOODS.	MUST BE SIGNED BY CUSTOMER OR CUSTOSTART OF WORK OR DELIVERY OF GOODS
			S? S S OUT DELAY?	MET YOUR NEEDS? OUR SERVICE WAS PERFORMED WITHOUT DELAY?	SWIFT SERVICES, INC.	,, and	Y provisions.	LIMITED WARRANTY provisions
1361 100	PAGE TOTAL	REE UNDECIDED DISAGREE	SURVEY AGREE NT PERFORMED AKDOWN?	SURVEY OUR EQUIPMENT PERFORMED WITHOUT BREAKDOWN?	REMIT PAYMENT TO:	edges and agrees to nereof which include,	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	LEGAL TERMS: Control the terms and condition but are not limited to
740	+					7		
00 1111 00	2	-	100 Pc		Drawane	2		583
80 11 00	70	_	37.00	72	Spence Charge (7		185
7 775 00	100		75 7		170606	N		276
00/2/00	120	\$	225	MEC	60/40 DAMIX V.	2		1-825
700	100		1		() ()			
00 (18/1 0	00 (18/		1 44		100 Mun- 85/8			9/10
00/10/00	971	-	2		13-02			057
00/1/1/2/00	SASS		1		Kingo Charge Pro	_		245
00 /// 00	8	-	14 0%		MILEAGE TY			575
AMOUNT	UNIT	QTY. U/M	QTY. U/M		DF DESCRIPTION	ACCOUNTING LOC ACCT	SECONDARY REFERENCE	REFERENCE
30						INVOICE INSTRUCTIONS		
_	WELL LOCATION	T NO.	WELL PERMIT NO.	Pa	Development JOB PURPOSE			4.
	ORDER NO.	7707	7 8	Z III	Willing	Disco	SERVICE SALES	3. (1003) (186
OWNER	DATE-19-		_	/s	LEASE ONCH COUNTY/PARISH	PJECT NO.	WELL/PR	1. SEHVICE LOCATIONS
1 OF	PAGE				CITY, STATE, ZIP CODE	СІТҮ, 8	, Inc.	

SWIFT OPERATOR

APPROVAL

Thank You!

				SWIF				DATE PAGE NO.			
Americ	can h	ALLIDR	VELLINO.	2	LEASE	e Cn.	14	JOB TYPE ROTARY	PA	TICKET NO. 36477	
CHART NO.	TIME	RATE (BPM)	VOLUME (BBL) (GAL)	PUMPS T C	PRESSU TUBING	RE (PSI) CASING		DESCRIPTION OF	OPERATI	ON AND MATERIALS	
	500				1001110	Oriolita	On	COCATION			
								COCHION,			
			,				1/62	- Plus - 3	300	/	
		6	10		500		()	no like	Sno	1 100 50 5x	
		6	13		500		0	ump Corr	-	50 54	
		6	7		500		P.	mp litte	X.s.	2	
							5	is a last M	<u> </u>	- 3 mm	
								the state of the			
					/		200	Plug -	125	0	- 110
		6	10		100			rumo wto	e 5	DAPPE	
		6	13		400		OL	imp cm		50 0	
		6	7		400		1	150			
					•			8			
					/		300	Plug - 8	300		
		6	5		400		pu	Plug - 8 mp WHR mp CmT-	501	TCCK	
		6	26		4000		Pu	mp CmT-	. /	50 5x	
		6	2		400			Disp			
							444	plug - 2	75		
		6	5		300					leR	
		6	13		300		Pur	no cont	ر ح '-	0 5x	
		6	2		300		΄Δ,	sp.			
							546	plug-	40		
			5		0		TOP	off w/	MIT	- 10 sx	-
		0									
		2	8		0		Pluc	g Kat H	b/e	- 30 sx	•
		2	4		0		Plug	Mouse	Hole	- 15 sx	-
	010										
	9/5						Too	3 Complex	e		
							7	a. n.t.o			
								WILL S	-11	& JAN	
							<u> </u>	way se	14	V JAM	