

**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**



Services, Inc.

TICKET 38210

CHARGE TO: Joe Gerstner Oil Co  
 ADDRESS  
 CITY, STATE, ZIP CODE

Neuro  
 PAGE 1 OF 1

1. SERVICE LOCATIONS	WELL/PROJECT NO.	LEASE	COUNTY/PARISH	STATE	CITY	DATE	OWNER
Neuro City	# 3	Neuro	Neuro	Neuro	Neuro	3/28/86	Neuro
2. TICKET TYPE	CONTRACTOR	RIG NAME/NO.	SHIPPED	W/	DELIVERED TO	ORDER NO.	
Neuro City	Neuro	Neuro 10	Neuro	Neuro	Neuro		
3. WELL TYPE	WELL CATEGORY	JOB PURPOSE	WELL PERMIT NO.	WELL LOCATION			
Oil	Development	Neuro					
4. REFERRAL LOCATION	INVOICE INSTRUCTIONS						

PRICE REFERENCE	SECONDARY REFERENCE/ PART NUMBER	ACCOUNTING			DESCRIPTION	MILEAGE		QTY		UNIT PRICE	AMOUNT	
		LOC	ACCT	DF		TR	BT	U/M	U/M			
575					TR	114		40	mi	8.00	320.00	
576P					Pump Charge - P			3	hr	125.00	375.00	
290					D. Air			3	hr	45.00	135.00	
410					top plug - 85%			1	ea	180.00	180.00	
388-1					60 lb permix 4%			2	hr	14.00	28.00	
581					Service Charge (hr)			2	hr	29.00	58.00	
583					Drayage			4	hr	46.875	187.50	
<b>REMIT PAYMENT TO:</b>												
<b>SWIFT SERVICES, INC.</b>												
<b>P.O. BOX 466</b>												
<b>NESS CITY, KS 67560</b>												
<b>785-798-2300</b>												
<b>LEGAL TERMS:</b> Customer hereby acknowledges and agrees to the terms and conditions on the reverse side hereof which include, but are not limited to, <b>PAYMENT, RELEASE, INDEMNITY, and LIMITED WARRANTY</b> provisions.												
<b>MUST BE SIGNED BY CUSTOMER OR CUSTOMER'S AGENT PRIOR TO START OF WORK OR DELIVERY OF GOODS.</b>												
<b>X</b>												
DATE SIGNED	TIME SIGNED	<input type="checkbox"/> A.M.	<input type="checkbox"/> P.M.									
<b>CUSTOMER ACCEPTANCE OF MATERIALS AND SERVICES</b> The customer hereby acknowledges receipt of the materials and services listed on this ticket.												
SWIFT OPERATOR	APPROVAL											

Thank You!

JOB LOG

SWIFT Services, Inc.

DATE 3/28/26 PAGE NO.

CUSTOMER Joe Gerstner Oil WELL NO #3 LEASE WALZ JOB TYPE Rotary PTA TICKET NO 38210

CHART NO.	TIME	RATE (BPM)	VOLUME (BBL) (GAL)	PUMPS		PRESSURE (PSI)		DESCRIPTION OF OPERATION AND MATERIALS
				T	C	TUBING	CASING	
	1930							On location
								Rotary PTA 20 above Arbuckle
		6	10					1st plug - 9716
		6	13					pump wtr spacer
		6	7					pump 50 sx cmt
								pump wtr spacer
								Disp w/ Mud
		6	7					2nd plug - 1600
		6	13					pump wtr spacer
		6	4					pump 50 sx cmt
								Disp w/ wtr
		6	7					3rd plug - 850
		6	26					pump wtr spacer
		6	4					pump 100 sx cmt
								<del>pump</del> w/ wtr
		6	5					4th plug - 275
		6	13					pump wtr spacer
		6	2					pump 50 sx cmt
								Disp w/ wtr
		1.5	3					5th plug - 40
								pump 10 sx cmt
		3	8					plug rat hole - 30 sx
	2300							JOB Complete
								Thanks
								Davis, Seth & Josh