

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

1324315

Form CP-4
March 2009
Type or Print on this Form
Form must be Signed
All blanks must be Filled

WELL PLUGGING RECORD K.A.R. 82-3-117

Spot Description: Spot	OPERATOR: License #:			AP	l No. 15				
State Zip Feet from North / South Line of Section Street Feet from Street From Stree									
City:	Address 1:			_		Sec Tv	vp S. R	East	West
Contact Person: Fhone (Address 2:			_		Feet from	North /	South Line of	Section
Phone (City:	State:	Zip: +	_		Feet from	East / [West Line of S	Section
Type of Wellt; (Check one)	Contact Person:			Foo	otages C	Calculated from Neare	st Outside Se	ction Corner:	
Water Supply Well Other: Gas Storage Permit #: Lease Name: Well #: Lease Name: Well #: Lease Name: Well #: Date Well Completed: The plugging proposal was approved on: (Date) by: (MCC District Agent's Name) Producing Formation (s): List All (if needed attach another sheet) Depth to Top: Bottom: T.D. Depth to Top: Depth to Top: Depth to Top: Depth to Top: Bottom: T.D. Depth to Top:	Phone: ()				1	NE NW	SE S	SW	
Water Supply Well Other:	Type of Well: (Check one)	Oil Well Gas Well	OG D&A Cathod	ic Co	untv.				
ENIR Permit #:	Water Supply Well	Other:	SWD Permit #:		-				
As ACC-1 filed?	ENHR Permit #:	Gas Sto	orage Permit #:						
Depth to Top:	Is ACO-1 filed? Yes	No If not, is wel	I log attached? Yes			•			
Depth to Top:	Producing Formation(s): List /	All (If needed attach another	r sheet)	by:			(/	CCC District Agent's	Name)
Depth to Top: Bottom: T.D. Plugging Completed: Depth to Top: Bottom: T.D. Plugging Completed: Depth to Top: Bottom: T.D. Plugging Completed: Show depth and thickness of all water, oil and gas formations. Oil, Gas or Water Records Casing Size Setting Depth Pulled Out 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 zeroent 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: Zip: +	Depth to	o Top: Botto	om: T.D						
Show depth and thickness of all water, oil and gas formations. Oif, 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 sement or other plugs were used, state the character of same depth placed from (bottom), to (top) for each plug set. Plugging Contractor License #:	Depth to	o Top: Botto	om: T.D						
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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 zement or other plugs were used, state the character of same depth placed from (bottom), to (top) for each plug set. Plugging Contractor License #: Address 1: Address 2: City: State: Zip: + Phone: () Name of Party Responsible for Plugging Fees: State of County,, ss.									
Formation Content Casing Size Setting Depth Pulled Out	Show depth and thickness of	all water, oil and gas forma	ations.						
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Plugging Contractor License #: Name:	Formation	Content	Casing	Size		Setting Depth	Pulled Out		
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Address 1: Address 2:	cement or other plugs were u	sed, state the character of	same depth placed from (bot	ttom), to (top) t	or each	plug set.			
City:	33 3 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1								
Phone: ()	Address 1:			Address 2:					
Name of Party Responsible for Plugging Fees:	City:			Sta	ıte:		Zip:	+	
State of, ss.	Phone: ()								
	Name of Party Responsible for	or Plugging Fees:							
	State of	County, _		, S	S.				
		•			_				

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.



P. O. Box 466 Ness City, KS 67560 Off: 785-798-2300



Invoice

DATE	INVOICE#
10/20/2016	29670

BILL TO

Carmen Schmitt, Inc.

P. O. Box 47

915 Harrison

Great Bend, KS 67530-0047

- Acidizing
- Cement
- Tool Rental

TERMS	Well No	. Lease	County	Contractor	We	II Туре	W	ell Category	Job Purpose	Operator
Net 30	#2	Debbie	Lane	DS &W		Oil		PTA	PTA	David K.
PRICE	REF.		DESCRIPT	TON	-	Ω Τ\	′	UM	UNIT PRICE	AMOUNT
575W 576W-P 328-4 290 275 279 581W 583W	P 6 C C B S C	Mileage - I Way ump Charge - PTA 0/40 Pozmix (4% C 0-Air cotton Seed Hulls tentonite Gel ervice Charge Cem 0rayage ubtotal ales Tax Lane Cour	ent	43 0002 le Nuz			1 375 4 7 2	Miles Job Sacks Gallon(s) Sack(s) Sack(s) Ton Miles	5.00 800.00 10.25 42.00 30.00 25.00 1.50 0.75	225.001 800.001 3,843.751 168.001 50.001 562.501 531.001 6,390.25 479.27
We A	pprec	iate Your	Busines	s!				Tota	<u>'</u> 	\$6,869.52

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S. Inc.		PAGE	- o

Sen	Services, Inc.	CITY STATE, ZIP CODE	P CODE					PAGE 1	Jo
SERVICE LOCATIONS	o⊢	LEASE	Deboie	COUNTYPARISH	STATE	STATE CITY 146 Penylines	DATE 10	4.00	OWNER Sems
2.	MICAEL 17PE CON FORMACION CONTRACTOR CONTRAC	D, S, +U)	KIS NAME/NO:		LOCATION	<u> </u>	DER NO.	!
mi **	WELL TYPE	MEI MEI	WELL CATEGORY P.T. A	A T G		WELL PERMIT NO.	₩. •	Portion 30 20 E.L	20 E.L
REFERRAL LOCATION	INVOICE INSTRUCTIONS								
PRICE REFERENCE	SECONDARY REFERENCE/ PART NUMBER	ACCOUNTING LOC ACCT	36	DESCRIPTION		MIU YTO	OTY UM	UNIT	AMOUNT
575			MILEAGE	7sk " 115	2		45	5 8	225/00
S76 P			P _{km}	OTA			φ! <i> </i>	800 12	800°
4-808			Oh/O9	Pozmix /4%	4% Gcl)	1	375 Hs	10 125	3843 125
740	·		D-Air				124 /	00 Th	00 891
275			Colton	Soul Hulb		- 1 •	Isher 7	30^{6}	210 0
279			Benford	125 T			3 14s	35 m	50100
							_ :		
	-					_			-
									 -
581			Service	Chainae Ceiment			375 AK	as 1	as) 795
583]	Drayoge	0		31483 lbs	MI 802	∞	531 00
LEGAL TERMS:	LEGAL TERMS: Customer hereby acknowledges and agrees to	es and agrees to			SURVEY		AGREE DECIDED AGREE		- -
the terms and conc	the terms and conditions on the reverse side hereof which include,	of which include,		PAYMENI 10:	OUR EQUIPMENT PERFORMED			PAGE TOTAL	6390 25

but are not limited to, PAYMENT, RELEASE, INDEMNITY, and MUST BE SIGNED BY CUSTOMER OR CUSTOMER'S AGENT PRIOR TO START OF WORK OR DELIVERY OF GOODS LIMITED WARRANTY provisions.

77-07-0

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

CUSTOMER ACCEPTANCE OF MATERIALS AND SERVICES The customer hereby acknowledges receipt of the materials and services fisted on this ticker CUSTOMER DID NOT WISH TO RESPOND

Thank You!

MADIN

15% P

TOTAL

ARE YOU SATISFIED WITH OUR SERVICE?

WE OPERATED THE EQUIPMENT AND PERFORMED JOB CALCULATIONS SATISFACTORILY?

WE UNDERSTOOD AND
MET YOUR NEEDS?
OUR SERVICE WAS
PERFORMED WITHOUT DELAY?

SWIFT OPERATOR DOWNS HUEBY

APPROVAL

SWIFT Services, Inc. JOB LOG DATE 10-20-16 PAGE NO. WELL NO. TICKET NO. 29670 CUSTONER PTA Carmen Schmidt PRESSURE (PSI) VOLUME PUMPS CHART DESCRIPTION OF OPERATION AND MATERIALS (BBL) (G/C) CASING TUBING 2%×5%)83O Perfs - 4347-55 Tb - 4255 0845 2 sho Gel w/ 2 sho Hulls Shot on Bottom 15 sks Down 5∞ 2 0905 mix_ 0920 2 26 100 shs w/ 5 sks Hulls @ 4255 Ø 5 Displace Cement Ø 22001 0940 35 Pump 35 66 4 1050 Ø e 2200' 66 250 sks 1115 4 400 Coment 1135 Top off 51/2" w/ 1215 3 10 Ø * 375 told wash up truck Job Complete 1245