

**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**



TICKET 031332

CHARGE TO: Viking Resources  
 ADDRESS  
 CITY, STATE, ZIP CODE

PAGE 1 OF 1

SERVICE LOCATIONS  
 1. Ness City KS WELL/PROJECT NO. # 2-19 LEASE Chausson COUNTY/PARISH Meade STATE KS CITY Meade DATE 3-13-18 OWNER Scane  
 2. TICKET TYPE  SERVICE CONTRACTOR Fritzler Trucking RIG NAME/NO.  
 3. SALES WELL TYPE Oil WELL CATEGORY Workover JOB PURPOSE PTA SHIPPED VIA CT DELIVERED TO Location ORDER NO.  
 4. REFERRAL LOCATION INVOICE INSTRUCTIONS WELL PERMIT NO. WELL LOCATION Meade - 2.92 mi, 1.5 Hwy 2 into

PRICE REFERENCE	SECONDARY REFERENCE/ PART NUMBER	ACCOUNTING LOC ACCT DF	DESCRIPTION	QTY.		UNIT		AMOUNT		
				UM	UM	PRICE				
575		1	MILEAGE <u>Tk 4112</u>			90	mi	5.00	450.00	
576P		1	<u>Pump Change - PTA</u>			1	job	875.00	875.00	
328-4		1	<u>60/40 Pozmix (4% Gel)</u>			130	sls	10.00	1378.00	
279		1	<u>Benhook Gel</u>			12	sls	30.00	360.00	
290		1	<u>D-Air</u>			4	gal	42.00	168.00	
581		1	<u>Service Charge Cement</u>			130	sls	1.75	227.50	
583		1	<u>Drayage</u>			10891	lbs	490.1 TM	00.85	416.59

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.  
 X

DATE SIGNED 3-13-18 TIME SIGNED 1430  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?	AGREE	UNDECIDED	DISAGREE
WE UNDERSTOOD AND MET YOUR NEEDS?			
OUR SERVICE WAS PERFORMED WITHOUT DELAY?			
WE OPERATED THE EQUIPMENT AND PERFORMED JOB CALCULATIONS SATISFACTORILY?			

ARE YOU SATISFIED WITH OUR SERVICE?  
 CUSTOMER DID NOT WISH TO RESPOND  YES  NO

PAGE TOTAL 3875.09  
 TAX 7.50  
 TOTAL 4165.12

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

OPERATOR David Kuehn

APPROVAL

Thank You!



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ARE YOU SATISFIED WITH OUR SERVICE?	<input type="checkbox"/> YES	<input type="checkbox"/> NO		

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OPERATOR David Kuehn APPROVAL  
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 Thank You!

LOG

## SWIFT Services, Inc.

DATE

3-13-18

PAGE NO.

1

CUSTOMER

Viking Resources

WELL NO.

#279

LEASE

Clawson

JOB TYPE

MTA

TICKET NO.

#31332

CHART NO.	TIME	RATE (BPM)	VOLUME (BBL) (GAL)	PUMPS		PRESSURE (PSI)		DESCRIPTION OF OPERATION AND MATERIALS
				T	C	TUBING	CASING	
	0930							on location 5 1/2" x 7 7/8" hole
								Plug while pulling 5 1/2" casing
								5 1/2" - 1700'
	1030	4 1/2	36				200	mix 12 stks Gcl
	1040	4 1/2	13				100	mix 50 stks 60/40 Pozmix 4% Gcl @ 1700'
		4 1/2	30				100	Displace Cement
	1100							Pull 5 1/2"
	1300	4 1/2	10 1/2				100	mix 40 stks @ 500'
		4 1/2	6				100	Displace Cement
	1310							Pull 5 1/2"
	1400	3	5				∅	mix 20 stks @ 40'
								TOH
	1410	∅	5				∅	Top off 8 5/8" w/ 20 stks
								wash up truck
								Total - 130 stks 60/40 Pozmix 4% Gcl
	1445							Job complete
								Thank You Dave Preston Isaac