KOLAR Document ID: 1428204

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 #* | | | API No. | 15 - | | | | | |
|--|------------------------------|--|--------------------------|---|--|--|--|--|--|
| | | | | Spot Description: | | | | | |
| Address 1: | | | I . | • | Twp S. R East West | | | | |
| | | | | Feet from North / South Line of Section | | | | | |
| City: | | | | Feet from East / West Line of Section | | | | | |
| Contact Person: | | | Footage | Footages Calculated from Nearest Outside Section Corner: | | | | | |
| Phone: () | | | | □ NE □ NW | SE SW | | | | |
| Water Supply Well ENHR Permit #: Is ACO-1 filed? Yes Producing Formation(s): | Other: Ga S No If not, i | SWD Permit #: as Storage Permit #: swell log attached? Yes [nother sheet) Bottom: T.D. | Lease N Date We The plug | County: Well #: Date Well Completed: (Date) by: (KCC District Agent's Name) | | | | | |
| De | pth to Top: | Bottom: T.D | "" | | | | | | |
| De | pth to Top: | Bottom:T.D | ——— Plugging | g Completed: | | | | | |
| | | | | | | | | | |
| Show depth and thickness | ss of all water, oil and gas | formations. | | | | | | | |
| Oil, Gas or V | Water Records | | Casing Record (Su | asing Record (Surface, Conductor & Production) | | | | | |
| Formation | Content | Casing | Size | Setting Depth | Pulled Out | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | plugged, indicating where the muter of same depth placed from (but it is a first from the muter of same depth placed from (but it is a first from the muter of same depth placed from the same depth plac | · | | ods used in introducing it into the hole. If | | | | |
| Plugging Contractor Lice | ense #: | | _ Name: | 9: | | | | | |
| Address 1: Addres | | | | ss 2: | | | | | |
| City: | | | State: | | | | | | |
| Phone: () | | | | | | | | | |
| Name of Party Responsil | ble for Plugging Fees: | | | | | | | | |
| State of | Cou | unty, | , SS. | | | | | | |
| | (Print Na | ma) | E | mployee of 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.



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



Invoice

| DATE | INVOICE # |
|------------|-----------|
| 12/11/2018 | 31872 |

BILL TO

Carmen Schmitt, Inc.

P. O. Box 47

915 Harrison

Great Bend, KS 67530-0047

We Appreciate Your Business!

- Acidizing
- Cement

Total

\$6,219.43

• Tool Rental

| TERMS | Well N | lo. | Lease | County | Contractor | We | II Type | w | ell Category | Job Purpose | Operator |
|---|--------|--|---|--------------------|--|-------------|---------|----------------------|---|---|---|
| Net 30 | #1-32 | 2 | Lora | Lane | DS & W | | Oil | | Workover | PTA | Blaine |
| PRICE | REF. | | | DESCRIPT | TON | | QT | Y | UM | UNIT PRICE | AMOUNT |
| 575W 576W-P 328-4 275 290 581W 583W | | Pum 60/4 Cott D-A Serv Dray | eage - 1 Way np Charge - PTA 10 Pozmix (4% Coorn Seed Hulls nir vice Charge Cem yage total total total Tax Lane Coun | Gel) ent nty | 1/0/43 38.0001 Ale 14 ho Pluz | | 5 | 330 2 1 350 | Miles Job Sacks Sack(s) Gallon(s) Sacks Ton Miles | 5.00 875.00 10.60 30.00 42.00 1.75 0.85 | 200.00T 875.00T 3,498.00T 60.00T 42.00T 612.50T 498.02T 5,785.52 433.91 |

| SWIFT Services, Inc. | ADD | RGE TO: CASMAN SCHIM RESS STATE, ZIP CODE | itt | | | | TICKET 0 | 31872 |
|---|--------------------------|---|---|---------------------------------------|------------------|-----------------|--------------------|----------|
| | ELL/PROJECT NO. | LEASE , | COUNTY/PARISH | STATE | CITY | | | DWNER |
| TICK | ETTYPE CONTRACTOR | Lora | RIG NAME/NO. | K\$ | Digit o | <u> </u> | ORDER NO. | |
| 2. | SERVICE SALES | Ds + W | THE NAME NO. | VIET | Tocati | 20 | ORDER NO. | |
| 3. WE | | WELL CATEGORY JOE | PURPOSE A | | WELL PERMIT | NO. | WELL LOCATION | |
| 4. REFERRAL LOCATION INV | OI VOICE INSTRUCTIONS | PTA F | dug to Alexand | NOM | | | 32-19- | 29 |
| | | | | | <u></u> | | | |
| PRICE SECONDARY REFEI REFERENCE PART NUMBE | | VG DESCRI | PTION | | QTY. U/M | QTY. U/M | UNIT PRICE | AMOUNT |
| 575 | 1 | MILEAGE TRY 114 | | | 40 mi | | 500 | 200 00 |
| 576 P | | Pump Charge | PTA | | 1 20 | | 875 00 | 8750 |
| 328-4 | | 60/40 poznáx | | | 330 sk | | 10 60 | 34980 |
| 2.75 | | cotton seed ! | ouls | | 2 5k | | 3000 | 60 00 |
| 290 | - i | D-AIR | *************************************** | | 101 | | 42 00 | 4200 |
| | | | | | - 1 17 | | | |
| 581 | | service charge | | | 350 sk | | 175 | 612,50 |
| 683 | 1 | Drayage | | | 29295 16 | 505.9 TM | 095 | 498 07 |
| | | 19 | | - | <u>v</u> | | | |
| | | | | | | - T | | |
| | | | | | _ | | | |
| | | | | | | 1 | i | |
| LEGAL TERMS: Customer hereby ac | knowledges and agrees to | DEMIT DAVI | MENT TO: | SUR | | UNDECIDED DISAG | PAGE TOTAL | 57855 |
| the terms and conditions on the reverse | | | VIENTIO. | OUR EQUIPMENT PER WITHOUT BREAKDOW | N? | | - FAGE TOTAL | |
| but are not limited to, PAYMENT, RE LIMITED WARRANTY provisions. | LEASE, INDEMNITY, and | | | WE UNDERSTOOD AN MET YOUR NEEDS? | | | _ . | '. |
| · · · · · · · · · · · · · · · · · · · | O A CENT POWO TO | CALCULATIONS | | | | lane | | |
| MUST BE SIGNED BY CUSTOMER OF CUSTOMER'S START OF WORK OR DELIVERY OF GOODS. | 9 WORKS EBION TO | | | AND PERFORMED JOI | Ok meet. | | LULIANO) | 1122/11 |
| X Custo Wits from | ~N | NESS CITY, | KS 67560 | SATISFACTORILY? ARE YOU SATISFIED W | TO OUR SERVICE? | | 1000 | 450 91 |
| DATE SIGNED TIME S | SIGNED A.M. | 785-798 | -2300 | | YES | □ NO | TOTAL | 1.019.11 |
| CUSTOMED | CCERTANCE OF MATE | HALS AND SERVICES The C | ustomer hereby sekno | _ | of the materials | | tod on this ticket | 100114 |

Thank You!

SWIFT OPERATOR

SWIFT Services, Inc. JÕB LOG 11 DEC 18 CUSTOMER WELL NO. 1-32 Corner Schnitt RATE (BPM) VOLUME (BBL) (GAL) **PUMPS** CHART PRESSURE (PSI) TIME DESCRIPTION OF OPERATION AND MATERIALS 3.50 sk 60/40 pozmix (4% gel) 27/52 0930 4 300 1255 1330

DATE

PAGE NO.