

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 031924

CHARGE TO: **Zinszer Oil**

ADDRESS

CITY, STATE, ZIP CODE

PAGE 1 OF 1

1. SERVICE LOCATIONS Ness City, KS	WELL/PROJECT NO. B #1	LEASE Dirks	COUNTY/PARISH Rush	STATE KS	CITY Lacrosse	DATE 12/19/18	OWNER
2.	TICKET TYPE <input checked="" type="checkbox"/> SERVICE <input type="checkbox"/> SALES	CONTRACTOR Express well service	RIG NAME/NO.	SHIPPED VIA CT	DELIVERED TO Location	ORDER NO.	
3.	WELL TYPE Oil	WELL CATEGORY Workover	JOB PURPOSE PTA	WELL PERMIT NO.	WELL LOCATION Lacrosse, 2-S.E-int		
4.	REFERRAL LOCATION	INVOICE INSTRUCTIONS					

PRICE REFERENCE	SECONDARY REFERENCE/ PART NUMBER	ACCOUNTING			DESCRIPTION	QTY. U/M		UNIT PRICE		AMOUNT	
		LOC	ACCT	DF		QTY.	U/M	QTY.	U/M		
575		1			MILEAGE Trk #112			40	mi	5.00	200.00
576 P		1			Pump Charge - PTA			1	job	875.00	875.00
290		1			D-Air			2	gal	42.00	84.00
328-4		1			60/40 Pozmix 4% Gel			125	skts	10.60	1325.00
581		1			Cement Service Charge			130	skts	1.75	227.50
582		1			Minimum Drayage Charge			1	job	250.00	250.00

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 *[Signature]*

DATE SIGNED **12/19/18** TIME SIGNED **3:45** A.M. P.M.

REMIT PAYMENT TO:

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

SURVEY	AGREE	UNDECIDED	DISAGREE	PAGE TOTAL	AMOUNT
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? <input type="checkbox"/> YES <input type="checkbox"/> NO					
<input type="checkbox"/> CUSTOMER DID NOT WISH TO RESPOND					
TOTAL					3154.00

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

SWIFT OPERATOR **Gudran Fuchs**

APPROVAL

Thank You!

JOB LOG

SWIFT Services, Inc.

DATE 12/19/18	PAGE NO. 1
TICKET NO. 031924	

CUSTOMER Zinszer Oil	WELL NO. 4	LEASE Dirks B	JOB TYPE PTA
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CHART NO.	TIME	RATE (BPM)	VOLUME (BBL) (GAL)	PUMPS		PRESSURE (PSI)		DESCRIPTION OF OPERATION AND MATERIALS
				T	C	TUBING	CASING	
	1400							On Location 2 7/8" 8 5/8" TP: 1250'
	14:10	4	13.1	✓		0		Mix 50 sks of 60/40 Poz Cement @ 13.1 gal/gal @ 1250'
	14:20	4	6	✓		100		Displace Cement
	14:26							Pull 19 Joints
	14:45	4	13.1	✓		0		Mix 50 sks @ 600'
	14:55	4	2	✓		100		Displace Cement
	15:00							Pull 18 Joints
	15:20			✓		0		Mix 25 sks @ 60'
								TOH
								Wash-up Truck
	15:45							Job Complete
								Thank You
								Cudean, Preston, Tseac