

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.

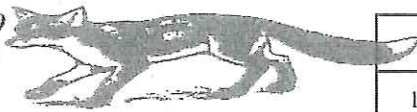
Plugging Contractor License #: _____ Name: _____
 Address 1: _____ Address 2: _____
 City: _____ State: _____ Zip: _____ + _____
 Phone: (_____) _____
 Name of Party Responsible for Plugging Fees: _____
 State of _____ County, _____, ss.
 _____ Employee of Operator or Operator on above-described well,
 (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



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



Invoice

DATE	INVOICE #
1/21/2019	27450

BILL TO
Pintail Petroleum Ltd. 225 N. Market #300 Wichita, KS 67202

- Acidizing
- Cement
- Tool Rental

TERMS	Well No.	Lease	County	Contractor	Well Type	Well Category	Job Purpose	Operator
Net 30	#4	Neff	Edwards	Fritzler	Oil	Workover	PTA	David E

PRICE REF.	DESCRIPTION	QTY	UM	UNIT PRICE	AMOUNT
575W	Mileage - 1 Way	80	Miles	5.00	400.00T
576W-P	Pump Charge - PTA	1	Job	875.00	875.00T
290	D-Air	3	Gallon(s)	42.00	126.00T
328-4	60/40 Pozmix (4% Gel)	125	Sacks	10.60	1,325.00T
279	Bentonite Gel	10	Sack(s)	30.00	300.00T
581W	Service Charge Cement	135	Sacks	1.75	236.25T
583W	Drayage	415	Ton Miles	0.85	352.75T
	Subtotal				3,615.00
	Sales Tax Edwards County			7.50%	271.13

We Appreciate Your Business!	Total	\$3,886.13
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CHARGE TO: Pintail Petroleum
 ADDRESS: _____
 CITY, STATE, ZIP CODE: _____

WELL PROJECT NO. 4
 LEASE Neff
 COUNTY/PARISH Edwards
 CITY _____

TICKET TYPE
 SERVICE
 SALES

CONTRACTOR Pintail Trucking
 RIG NAME/NO. _____
 SHIPPED VIA Tr

WELL TYPE Oil
 WELL CATEGORY backover
 JOB PURPOSE PP

DATE 1-21-19
 ORDER NO. _____
 DELIVERED TO Location
 WELL PERMIT NO. _____
 WELL LOCATION _____

SERVICE LOCATIONS
 1. Ness City KS
 2. Ness City KS
 3. _____
 4. _____

INVOICE INSTRUCTIONS: _____

PRICE REFERENCE	SECONDARY REFERENCE/ PART NUMBER	ACCOUNTING		DESCRIPTION	QTY.	UM	QTY.	UM	UNIT PRICE	AMOUNT
		LOC	ACCT							
575		1			80	mi			5.00	400.00
576 P		1		MILEAGE <u>Trk # 111</u>	1				875.00	875.00
290		1		<u>Pump Charge PPA</u>	3	bar			42.00	126.00
328.2		2		<u>60 lb Pozmix 4/1 gal</u>	125	sk			10.60	1325.00
279		2		<u>Bentonite gel</u>	10	sk			30.00	300.00
581		2		<u>Service Charge Cement</u>	135	sk			1.75	236.25
583		2		<u>Drayage</u>	415	TM			85	3527.50

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

SIGNED _____ TIME SIGNED _____
 A.M.
 P.M.

SURVEY
 OUR EQUIPMENT PERFORMED WITHOUT BREAKDOWN?
 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?
 YES NO

DIS-DECIDED / AGREE

PAGE TOTAL 3615

Edwards
 7500
 271 B

TOTAL 3886.13

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

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

APPROVAL
W.A. Edgerton

Thank You!

SWIFT Services, Inc.

DATE 1-21-19	PAGE NO.
TICKET NO. 27450	

WELL NO. #4		LEASE Well		JOB TYPE PTA		WELL NO. #4		
CHART NO.	TIME	RATE (BPM)	VOLUME (BBL) (GAL)	PUMPS		PRESSURE (PSI)		DESCRIPTION OF OPERATION AND MATERIALS
				T	C	TUBING	CASING	
	9:00							On location
								plug through 4 1/2 csg
								1st Plug - 1300'
								10 sks gel
								50 sks cmt
	10:20	4	30			225		pump gel
		4	13			225		pump cmt
	10:35	4	10			225		Disp
								2nd Plug @ 310'
								50 sks cmt
	12:40	3.5	13			100		pump cmt
		0	1			0		Disp - Circulated cmt
								3rd Plug 40'
		1	6			0		25 sks cmt
								JOB Complete
								Thanks
								Dennis, Zach & Kirby