

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

JOB LOG

SWIFT Services, Inc.

DATE: 2/13/19
 PAGE NO.: 1
 TICKET NO.: 031949

CUSTOMER: Vess Oil Co
 WELL NO.: A 4-30
 LEASE: Close
 JOB TYPE: Plug to Monitor

CHART NO.	TIME	RATE (BPM)	VOLUME (BBL) (GAL)	PUMPS		PRESSURE (PSI)		DESCRIPTION OF OPERATION AND MATERIALS
				T	C	TUBING	CASING	
	0930							On Location 2 3/4" 4 1/2" TP 4140'
	1000	3 1/2	10	✓		0		Pump Water Spacer #
	1015	3 1/2	25	✓		100		Mix 95 sks of 60/40 Pozmix CMT @ 131 ft w/ 200# of balls @ 4140'
	1025	3 1/2	9	✓		250		Displace CMT Pull 44 Joints
	1115	3 1/2	3	✓		0		Pump H ₂ O Spacer @ 2850'
	1120	3 1/2	25	✓		350		Mix 95 sks of CMT w/ 200# of balls Pull 48 Joints
	1210	3 1/2	30	✓		300		Mix 115 sks of CMT w/ 100# balls @ 1450' *Circulate to Surface*
	1225							TOH
	1315	∅	8	✓		∅		Top off 4 1/2 Casing w/ 35 sks
	1400							Job Complete
								340 sks of 60/40 Pozmix 4% gel used
								Thank You
								Gideon, Preston, Isaac



CHARGE TO: Keo
 ADDRESS
 CITY, STATE, ZIP CODE

TICKET

PAGE 1 OF 1

SERVICE LOCATIONS

1. Well 1 WELL/PROJECT NO. 4122 LEASE Chc COUNTY/PARISH LA CITY LA DATE 2/11/13 OWNER
 2. Well 2 TICKET TYPE SERVICE SALES CONTRACTOR Chc RIG NAME/NO. 1587 SHIPPED VIA 1587 ORDER NO.
 3. Well 3 WELL TYPE Oil WELL CATEGORY Water JOB PURPOSE Restoration WELL PERMIT NO.
 4. Well 4 INVOICE INSTRUCTIONS

PRICE REFERENCE	SECONDARY REFERENCE/ PART NUMBER	ACCOUNTING		DESCRIPTION	QTY.	U/M	QTY.	U/M	UNIT PRICE	AMOUNT
		LOC	ACCT							
575		1							5	575
576R		1		MILEAGE	10	mi	1		87	870
578-4				6040 Perm 46 yd	340				10	3080
315				Collection Well	5				30	150
390				PA	4				40	160
581				Swamp Check - CMT	480				1.2	700
583				Drill	154				0.8	157

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 2/11/13 TIME SIGNED 3:00 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?
 WE UNDERSTOOD AND MET YOUR NEEDS?
 OUR SERVICE WAS PERFORMED WITHOUT DELAY?
 AND PERFORMED THE EQUIPMENT AND PERFORMED JOB CALCULATIONS SATISFACTORILY?
 ARE YOU SATISFIED WITH OUR SERVICE?
 AGREE UNDECIDED DISAGREE

PAGE TOTAL 7910
 TAX
 TOTAL

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

APPROVAL

SWIFT OPERATOR

Thank You!