

**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 032313

CHARGE TO: *Hartman Oil Co*

ADDRESS

CITY, STATE, ZIP CODE

PAGE 1 OF 1

1. SERVICE LOCATIONS <i>Ness City, KS</i>	WELL/PROJECT NO. <i>#4</i>	LEASE <i>Lily</i>	COUNTY/PARISH <i>Ness</i>	STATE <i>KS</i>	CITY <i>Arnold</i>	DATE <i>6-12-2019</i>	OWNER
2. TICKET TYPE <input checked="" type="checkbox"/> SERVICE <input type="checkbox"/> SALES	CONTRACTOR <i>Alliance</i>		RIG NAME/NO.	SHIPPED VIA <i>CT</i>	DELIVERED TO <i>Location</i>	ORDER NO.	
3. WELL TYPE <i>Oil</i>	WELL CATEGORY <i>Workover</i>	JOB PURPOSE <i>Plug to Abandon</i>		WELL PERMIT NO.		WELL LOCATION <i>Arnold 3-W, 1-S</i>	
4. REFERRAL LOCATION	INVOICE INSTRUCTIONS					WELL LOCATION <i>1/2-W, SW int</i>	

PRICE REFERENCE	SECONDARY REFERENCE/ PART NUMBER	ACCOUNTING			DESCRIPTION	QTY.		UNIT PRICE	AMOUNT	
		LOC	ACCT	DF		U/M	U/M			
<i>575</i>		<i>1</i>			MILEAGE <i>Trk #112</i>		<i>25</i>	<i>mi</i>	<i>5.00</i>	<i>125.00</i>
<i>576P</i>		<i>1</i>			<i>Pump Charge - PTA</i>		<i>1</i>	<i>job</i>	<i>925.00</i>	<i>925.00</i>
<i>328-4</i>		<i>1</i>			<i>60/40 Poz 4% gel</i>		<i>280</i>	<i>skt</i>	<i>11.00</i>	<i>3080.00</i>
<i>275</i>		<i>1</i>			<i>Cotton Seed hulls</i>		<i>2</i>	<i>skt</i>	<i>35.00</i>	<i>70.00</i>
<i>290</i>		<i>1</i>			<i>D-Air</i>		<i>4</i>	<i>gal</i>	<i>42.00</i>	<i>168.00</i>
<i>581</i>		<i>1</i>			<i>CMT Service Charge</i>		<i>350</i>	<i>skt</i>	<i>1.85</i>	<i>647.50</i>
<i>583</i>		<i>1</i>			<i>Drayage</i>		<i>30,800</i>	<i>lbs</i>	<i>0.95</i>	<i>3026.00</i>
							<i>385</i>	<i>TM</i>		<i>148.75</i>
									<b>PAGE TOTAL</b>	<b>5381.25</b>

**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 *6-12-2019* TIME SIGNED *1:45*  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
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? <input type="checkbox"/> YES <input type="checkbox"/> NO			
<input type="checkbox"/> CUSTOMER DID NOT WISH TO RESPOND			

<b>PAGE TOTAL</b>	<b>5381.25</b>
<b>TOTAL</b>	<b>5665.17</b>

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

SWIFT OPERATOR *Gideon Fuchs*

APPROVAL *[Signature]* *6/11/19*

Thank You!

JOB LOG -

SWIFT Services, Inc.

DATE	PAGE NO.
6-12-2019	1
TICKET NO.	
032313	

CUSTOMER		WELL NO.		LEASE		JOB TYPE		TICKET NO.	
Hartman Oil Co.		#4		Lily		PTA		032313	
CHART NO.	TIME	RATE (BPM)	VOLUME (BBL) (GAL)	PUMPS		PRESSURE (PSI)		DESCRIPTION OF OPERATION AND MATERIALS	
				T	C	TUBING	CASING		
	1000								On Location 5 1/2" Perfs: 1900' 1100' FL: Full
	1025	2	4		✓		650		Injection Rate
	1035	1 3/4	<del>17</del>		✓		750		Mix 25 sks of 60/40 Pozmix @ 13.1ppg @ 1900'
		1 3/4	7		✓		760		Mix 25 sks w/ 1 sk of bulls
	1055	3 1/2	36		✓		750		Displace CMT
	1105	Ø			✓		500		KO Pump - Wait 20 mins
	1125				✓		0		Release Pressure - 3 1/2 bbl Flowback
		1	2 1/2		✓		500		Pump 2 1/2 H <sub>2</sub> O to 500 PSI - KO Pump
	1130								Wait 30 mins
	1200								Release Pressure Perforate @ 1100
	1250	3 1/2	21		✓		650		Mix 80 sks
	1300	3 1/2	26		✓		550		Mix 105 sks to fill Casings
		0			✓		400		KO Pump - 400 PSI - Shut in *
	1315	2	12		✓		300		Mix 45 sks down 8 7/8"
	1330								Wash up Trk #112
	1400								Job Complete 280 sks of 60/40 Poz 4% gel used Thank You, Gideon, Preston, Russell