KOLAR Document ID: 1476009

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	
Name:				Spot De	scription:	
Address 1:			.		Sec Tw	p S. R East West
Address 2:					Feet from	
City:	State:	Zip: +	.		Feet from	East / West Line of Section
Contact Person:				Footage	s Calculated from Neares	st Outside Section Corner:
Phone: ()					NE NW	SE SW
Type of Well: (Check one)		OG D&A Cathodi		,		
ENHR Permit #:	Gas Sto	rage Permit #:				
Is ACO-1 filed? Yes	No If not, is well	log attached? Yes				ved on: (Date)
Producing Formation(s): List A	ll (If needed attach another	sheet)				(KCC District Agent's Name)
Depth to	Top: Botto	m: T.D		Plugging	a Commenced:	
Depth to	Top: Botto	m: T.D		00 0		
Depth to	Top: Botto	m: T.D	'	. ragging	g completed.	
Show depth and thickness of a	all water, oil and gas forma	ations.				
Oil, Gas or Water	Records		Casing Re	cord (Su	urface, Conductor & Produc	tion)
Formation	Content	Casing	Size		Setting Depth	Pulled Out
Describe in detail the manner cement or other plugs were us		_				Is used in introducing it into the hole. If
Plugging Contractor License #	:		Name:			
Address 1:			Address 2:	:		
City:			\$	State:		Zip:+
Phone: ()						
Name of Party Responsible for	r Plugging Fees:					
State of	County, _			, ss.		
	<i>3</i> , –			_	implayed of Onesates	Operator on obeyed decertibed
	(Print Name)			E	imployee 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



DATE	INVOICE#
10/2/2019	32492

BILL	TO
DILL	- 10

Vess Oil Corporation 1700 Waterfront Parkway Building 500 Wichita, KS 67206



Acidizing

Cement

Tool Rental

TERMS	Well N	o. Lease	County	Contractor	We	ІІ Туре	Well Category	Job Purpose	Operator
Net 30	#1	Gum	Kearny	H-D Oilfield		Oil	Workover	PTA	Blaine
PRICE	REF.		DESCRIPT	ION		QTY	/ UM	UNIT PRICE	AMOUNT
575W 576W-P 328-4 275 290 581W 583W		Mileage - 1 Way Pump Charge - PTA 60/40 Pozmix (4% C Cotton Seed Hulls D-Air Service Charge Cem Drayage Subtotal Sales Tax Kearny Co	Gel) ent				100 Miles 1 Job 220 Sacks 1 Sack(s) 1 Gallon(s) 250 Sacks 5.25 Ton Miles	5.00 925.00 11.00 35.00 42.00 1.85 0.95	500.00T 925.00T 2,420.00T 35.00T 42.00T 462.50T 993.94T 5,378.44 349.60

We Appreciate Your Business!

Total

\$5,728.04

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ADDRESS CITY, STATE, ZIP CODE	CHARGE TO:	
ADDRESS CITY, STATE, ZIP CODE		
CITY, STATE, ZIP CODE	ADDRESS	
	CITY, STATE, ZIP CODE	

Services, Inc.	CITY, STATE, ZIP CODE		PAGE OF
DJECT NO.		STATE CITY DATE	OWNER OWNER
CONTRACTOR	# - O RIG NAME POE army	ED DELIVERED TO	ORDER NO.
	WELL CATEGORY JOB PURPOSE	WELL PERMIT NO. WELL	WELL LOCATION
INVOICE INSTRUCTIONS	***		\$
PRICE SECONDARY REFERENCE/ ACCOUNTING REFERENCE PART NUMBER LOC ACCT	DESCRIPTION	QTY. U/M QTY. U/M	UNIT AMOUNT
7	MILEAGE TEN 114	1367	5/80 573/80
5767	Pump Charge Prin) 00 (125 00 925 00
() () () () () () () () () ()	1 (12 % XINZOQ OY (Call	230 %	11 00 3430 00
	Cotton seed note	184	3500
0000	びても方	1,901	- 18 M A
202	Serie Chage	120 72	188 Hed 20
	STAL DEL	30925 19 1046.15 TM	H6 562 500
			_
		- Indiana de la constante de l	
the terms and conditions on the reverse side hereof which include,	REMIT PAYMENT TO: OUR EQUIPMENT PERFORMED WITHOUT BREAKDOWN?	NED ONNEC ONDEDUCED DISMARE	PAGE TOTAL 2018
LIMITED WARRANTY provisions.	SWIFT SERVICES, INC. WET YOUR SERVICE W. OUR SER	WE ONDERS LOUD AND OUR SERVICE WAS OUR SERVICE WAS	
MUST BE SIGNED BY CUSTOMER OR CUSTOMER'S AGENT PRIOR TO START OF WORK OR DELIVERY OF GOODS.		THE EQUIPMENT	NAME OF THE PARTY
X 24 to 24 beac	NESS CITY, KS 67560	1/2	
DATE SIGNED A.M.		IED WITH OUR SERVICE?	TOTAL TYPE A
CUSTOMER ACCEPTANCE OF MATERIALS AND SERVICES	LS AND SERVICES The customer hereby acknowledges rece	Deipt of the materials and services listed on	this ticket
	TO SHIP OFFICE OFFICE CASTOLIET HELEBY ACKNOWLENGES LECT	The customen hereby acknowledges receipt of the materials and services listed on this ticket.	this ticket.

SWIFT OPERATOR

APPROVAL

Thank You!

PAGE NO. SWIFT Services. Inc. JOB LOG WELL NO. CUSTOMER PRESSURE (PSI)
TUBING CASING RATE (BPM) PUMPS CHART DESCRIPTION OF OPERATION AND MATERIALS TC CASING 0900 44301 6940 1129 1330