

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

SWIFT



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



Invoice

DATE	INVOICE #
11/15/2019	32871

BILL TO
D K Operating, Inc. 621 Benton Street Jetmore, KS 67854

- Acidizing
- Cement
- Tool Rental

TERMS	Well No.	Lease	County	Contractor	Well Type	Well Category	Job Purpose	Operator
Net 30	#2-HZ	Whitley	Ness	Company Tools	Oil	Workover	PTA	Gideon
PRICE REF.	DESCRIPTION				QTY	UM	UNIT PRICE	AMOUNT
575W	Mileage - 1 Way				20	Miles	5.00	100.00T
576W-P	Pump Charge - PTA				1	Job	925.00	925.00T
328-4	60/40 Pozmix (4% Gel)				255	Sacks	11.00	2,805.00T
290	D-Air				2	Gallon(s)	42.00	84.00T
581W	Service Charge Cement				275	Sacks	1.85	508.75T
582W	Minimum Drayage Charge				1	Each	250.00	250.00T
	Subtotal							4,672.75
	Sales Tax Ness County						6.50%	303.73
We Appreciate Your Business!							Total	\$4,976.48



TICKET 032871

CHARGE TO: DK Operating
 ADDRESS _____
 CITY, STATE, ZIP CODE _____

PAGE 1 OF 1

1. SERVICE LOCATIONS: Ness City WELL/PROJECT NO. 2-HZ LEASE Whitely Unit COUNTY/PARISH Ness STATE KS CITY Ness City DATE 11-15-19 OWNER _____
 2. TICKET TYPE SERVICE SALES CONTRACTOR Co Tools RIG NAME/NO. _____ SHIPPED VIA at location DELIVERED TO _____ ORDER NO. _____
 3. WELL TYPE Oil WELL CATEGORY Workover JOB PURPOSE Plug to Abandon WELL PERMIT NO. _____ WELL LOCATION Ness City 9-S, 5-E 34-S, W-106
 4. REFERRAL LOCATION _____ INVOICE INSTRUCTIONS _____

PRICE REFERENCE	SECONDARY REFERENCE/ PART NUMBER	ACCOUNTING LOC ACCT DF	DESCRIPTION	QTY.		UNIT PRICE		AMOUNT
				UM	UM			
576			MILEAGE <u>Trk #116</u>			5	100	500
576P			<u>Pump Charge - PTA</u>			1	925	925
3884			<u>60/40 Potmax 4 1/2 gal</u>			2	55	110
290			<u>D-Air</u>			2	21	42
581			<u>CMT Service Charge</u>			1	508	508
582			<u>Minimum Dayrate Charge</u>			1	250	250
REMIT PAYMENT TO: SWIFT SERVICES, INC. P.O. BOX 466 NESS CITY, KS 67560 785-798-2300				SURVEY <input type="checkbox"/> OUR EQUIPMENT PERFORMED WITHOUT BREAKDOWN? <input type="checkbox"/> WE UNDERSTOOD AND MET YOUR NEEDS? <input type="checkbox"/> OUR SERVICE WAS PERFORMED WITHOUT DELAY? <input type="checkbox"/> WE OPERATED THE EQUIPMENT AND PERFORMED JOB CALCULATIONS SATISFACTORILY? <input type="checkbox"/> ARE YOU SATISFIED WITH OUR SERVICE? <input type="checkbox"/> CUSTOMER DID NOT WISH TO RESPOND		PAGE TOTAL TOTAL		4672.75 4976.48

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 Jim Beavers DATE SIGNED 11-15-2019 TIME SIGNED 11:30 A.M. P.M.

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

SWIFT OPERATOR Adam Tucker APPROVAL _____

Thank You!

JOB LOG

SWIFT Services, Inc.

DATE 11-15-19 PAGE NO.

CUSTOMER		WELL NO.		LEASE		JOB TYPE		TICKET NO.	
DK Operations		2-HZ		Whitley Unit		Plug to Abandon		032871	
CHART NO.	TIME	RATE (BPM)	VOLUME (BBL) (GAL)	PUMPS		PRESSURE (PSI)		DESCRIPTION OF OPERATION AND MATERIALS	
				T	C	TUBING	CASING		
	0900							On Location 7"	
	1030	3 1/2	65		✓	450		Mix 245 sks of 60/40 Pozmix 4% Gel @ 13.1 ppq	
								* Circulate CMT to Surface Through Surface Pipe *	
	1050							KO Pump	
	1100	1	2		✓	0		Top off 7" Casing w/ 10 sks	
	1105							Wash up Trk #115	
	1130							Job Complete	
								255 sks of 60/40 Pozmix 4% gel used	
								Thank You	
								Gideon, Preston, Isaac	