

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 #
12/2/2019	32822

BILL TO
Brehm Asset Management LLC 11625 Custer Rd Suite 110-353 Frisco, TX 75035-8783

- Acidizing
- Cement
- Tool Rental

TERMS	Well No.	Lease	County	Contractor	Well Type	Well Category	Job Purpose	Operator
Net 30	#1	Laura Myrtle	Scott		Oil	Workover	PTA	Blaine
PRICE REF.	DESCRIPTION				QTY	UM	UNIT PRICE	AMOUNT
575W	Mileage - 1 Way				55	Miles	5.00	275.00T
576W-P	Pump Charge - PTA				1	Job	925.00	925.00T
328-4	60/40 Pozmix (4% Gel)				265	Sacks	11.00	2,915.00T
275	Cotton Seed Hulls				4	Sack(s)	35.00	140.00T
290	D-Air				1	Gallon(s)	42.00	42.00T
581W	Service Charge Cement				310	Sacks	1.85	573.50T
583W	Drayage				713.54	Ton Miles	0.95	677.86T
	Subtotal							5,548.36
	Sales Tax Scott County						8.50%	471.61
We Appreciate Your Business!							Total	\$6,019.97



CHARGE TO: Brehm Asset Management
 ADDRESS _____
 CITY, STATE, ZIP CODE _____

TICKET 032822

WELL/PROJECT NO. #1 LEASE Laura Nigtle COUNTY/PARISH SCOTT STATE KS CITY Girgston DATE 2 Dec 19 OWNER _____
 CONTRACTOR _____ RIG NAME/NO. _____ SHIPPED W/ET DELIVERED TO location ORDER NO. _____

PAGE 1 OF 1

SERVICE LOCATION	WELL TYPE	CONTRACTOR	WELL CATEGORY	JOB PURPOSE	WELL PERMIT NO.	WELL LOCATION
1. <u>Wob City KS</u>	<input type="checkbox"/> SERVICE		<u>PTA</u>	<u>Puerto Anderson</u>		<u>25-19-31</u>
2.	<input type="checkbox"/> SALES					
3.						
4.						

PRICE REFERENCE	SECONDARY REFERENCE/ PART NUMBER	ACCOUNTING			DESCRIPTION	QTY.	U/M	QTY.	U/M	UNIT PRICE	AMOUNT
		LOC	ACCT	DF							
<u>575</u>					<u>MILEAGE TRR 114 (TRA)</u>	<u>55</u>	<u>mi</u>			<u>51.00</u>	<u>2755.00</u>
<u>576P</u>					<u>Pump Charge</u>	<u>1</u>	<u>ea</u>			<u>925.00</u>	<u>925.00</u>
<u>328-4</u>					<u>60/40 2025 x 20 ggc</u>	<u>265</u>	<u>SK</u>			<u>11.00</u>	<u>2915.00</u>
<u>275</u>					<u>ce 40 speed bolts</u>	<u>4</u>	<u>SK</u>			<u>35.00</u>	<u>140.00</u>
<u>290</u>					<u>D-air</u>	<u>1</u>	<u>gal</u>			<u>42.00</u>	<u>42.00</u>
<u>581</u>					<u>Service charge</u>	<u>3</u>	<u>SK</u>			<u>1.85</u>	<u>5.73</u>
<u>583</u>					<u>Drayage</u>	<u>25947</u>	<u>lb</u>	<u>71354</u>	<u>TM</u>	<u>0.95</u>	<u>677.86</u>

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 _____ TIME SIGNED _____ 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? YES NO
 WE UNDERSTOOD AND MET YOUR NEEDS? YES NO
 OUR SERVICE WAS PERFORMED WITHOUT DELAY? YES NO
 WE OPERATED THE EQUIPMENT AND PERFORMED JOB CALCULATIONS SATISFACTORILY? YES NO
 ARE YOU SATISFIED WITH OUR SERVICE? YES NO
 CUSTOMER DID NOT WISH TO RESPOND

PAGE TOTAL 5548.36
 TOTAL 4716.1

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

Thank You!

JOB LOG

SWIFT Services, Inc.

DATE	PAGE NO.
2 DEC 19	1
TICKET NO.	
32822	

CUSTOMER		WELL NO.		LEASE		JOB TYPE			
Brehm Asset		#1		Laura Myrle		Plug to Abandon			
CHART NO.	TIME	RATE (BPM)	VOLUME (BBL) (GAL)	PUMPS		PRESSURE (PSI)		DESCRIPTION OF OPERATION AND MATERIALS	
				T	C	TUBING	CASING		
									300 psi 60/40 pozmix (4% gel) 5 1/2" casing, Pumps - 4640-58
	1100								on loc TRK 114
	1130	3	15						5 1/2" on vacu m
		2 1/2	40						mix 1/2 bbl cement w/ pug balls
		3	63						mix 60/40 poz 4% w/ 300# wlls @ 131 ppg
									switch to H2O spacer
									mix 60/40 pozmix (4% gel) @ 131 ppg
									210 gsk
							300		holding 300 psi
									shot in 5 1/2"
	1230								plug down BS side
									holding 300 psi 5 sk
	1245								walk back
									Rack up
	1315								job complete {5 1/2" standing fall}
									thanks
									Blain, Flint & ISAAC

DATE 12-2-19 TIME 1:30 AM/PM AM

OPERATOR Brehm Asset Management LLC

OPERATOR LICENSE NO. 35345 API# 15- 171-21207-00-00

PLUGGING CONT. Swift Services LICENSE NO. _____

PUSHER Gerald Walker WITH Brehm (Consultant)

LEASE NAME & WELL NO. Laura Myrtle #1

LEGAL SW SW NE Sec 25-19-31^W COUNTY Scott

GPS: Latitude 38.37446°N Longitude 100.69333°W

TD 4691 PBDT _____ C.P. ~ S.P. 8 5/8" 305' w/ 200 sk

OTHER CASING 5 1/2" 4717' W/ 150 SX CMT
DV 601" 2196' w/ 190 sk

PERFORATED AT 4640-4650

LINER FROM _____ TO _____ W/ _____ SX CMT

MARKER DEPTH Stone Card ~ 2160'±, Permian Top ~ 1450'±

BOTTOM PLUG 50 sk cmt w/ 250[#] balls of 20 ball spacers
from 4650' to 4120'

CASING RECOVERY None

TOP PLUG(S) _____

47 bbl spacer from 4120' to 2300'
210 sk cement from 2300' to 0'; Pressure to 300[#]
Holdings

Pump 5 sk cmt down the annulus, Pressure to 300[#]. Holdings

STARTING TIME 10:30 AM COMPLETION TIME 1:30 PM

TYPE OF CEMENT & CEMENTER 6040 Pro 49 gel Swift Svc's

PLUGGED THROUGH: CASING TUBING- DRILL PIPE (CIRCLE ONE)
PLUGGING ORDERS GIVEN BY Ken Jehlik PLUGGING WITNESSED BY Ken Jehlik

WELL PLUGGED DUE TO COMPLIANCE ISSUE: YES / NO (CIRCLE ONE)

Proposed Date of Plugging (K.A.R. 82-3-118) will be guaranteed by Operator or Agent

(Signature)