

**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.

\_\_\_\_\_  
(Print Name) ☐ Employee 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.

Submitted Electronically



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



# Invoice

DATE	INVOICE #
2/12/2020	32747

BILL TO
Citation Oil & Gas 1016 Hwy 40 Bypass Hays, KS 67601

- Acidizing
- Cement
- Tool Rental

TERMS	Well No.	Lease	County	Contractor	Well Type	Well Category	Job Purpose	Operator
Net 30	#2	Colberg	Ellis	Express Well	Oil	Workover	PTA	David E
PRICE REF.		DESCRIPTION			QTY	UM	UNIT PRICE	AMOUNT
575W	Mileage - 1 Way			30	Miles	5.00	150.00T	
576W-P	Pump Charge - PTA			1	Job	925.00	925.00T	
290	D-Air			8	Gallon(s)	42.00	336.00T	
275	Cotton Seed Hulls			6	Sack(s)	35.00	210.00T	
328-4	60/40 Pozmix (4% Gel)			470	Sacks	11.00	5,170.00T	
325	Standard Cement			100	Sacks	13.50	1,350.00T	
278	Calcium Chloride			6	Sack(s)	40.00	240.00T	
279	Bentonite Gel			17	Sack(s)	30.00	510.00T	
581W	Service Charge Cement			617	Sacks	1.85	1,141.45T	
583W	Drayage			776	Ton Miles	0.95	737.20T	
Subtotal							10,769.65	
Sales Tax Ellis County						6.50%	700.03	
We Appreciate Your Business!						Total	\$11,469.68	



CHARGE TO: Citation Oil & Gas  
ADDRESS  
CITY, STATE, ZIP CODE

PAGE 1 OF 1

TICKET 032747

1. SERVICE LOCATIONS	WELL/PROJECT NO. <u>#2</u>	LEASE	COUNTY/PARISH	STATE	CITY	DATE	OWNER
<u>Harris KS</u>		<u>Colberg</u>	<u>Polk's</u>	<u>KS</u>		<u>8-12-2000</u>	
2. <u>Ness City KS</u>	TICKET TYPE <input type="checkbox"/> SERVICE <input type="checkbox"/> SALES	CONTRACTOR	RIG NAME/NO.	SHIPPED VIA	DELIVERED TO	ORDER NO.	
		<u>Express Well Service</u>		<u>per</u>	<u>location</u>		
3.	WELL TYPE	WELL CATEGORY	JOB PURPOSE	WELL PERMIT NO.	WELL LOCATION		
	<u>oil</u>	<u>water</u>	<u>PTA</u>				
4. REFERRAL LOCATION	INVOICE INSTRUCTIONS						

PRICE REFERENCE	SECONDARY REFERENCE/ PART NUMBER	ACCOUNTING			DESCRIPTION	QTY.		QTY.		UNIT PRICE	AMOUNT
		LOC	ACCT	DF			U/M		U/M		
<u>575</u>		<u>1</u>			MILEAGE Trk # 111	<u>30</u>	<u>mi</u>			<u>5.00</u>	<u>150.00</u>
<u>576 P</u>		<u>1</u>			Ramp Charge - PTA	<u>1</u>	<u>sq</u>			<u>925.00</u>	<u>925.00</u>
<u>290</u>		<u>1</u>			D-air	<u>8</u>	<u>lbs</u>			<u>42.00</u>	<u>336.00</u>
<u>275</u>		<u>1</u>			Custom Seed Hulls	<u>6</u>	<u>skt</u>			<u>35.00</u>	<u>210.00</u>
<u>328-4</u>		<u>2</u>			60/40 porous 40/60 gel	<u>470</u>	<u>skt</u>			<u>11.00</u>	<u>5170.00</u>
<u>325</u>		<u>2</u>			Standard Cement	<u>100</u>	<u>ds</u>			<u>13.50</u>	<u>1350.00</u>
<u>278</u>		<u>2</u>			Calcium Chloride	<u>6</u>	<u>skt</u>			<u>40.00</u>	<u>240.00</u>
<u>279</u>		<u>2</u>			Reinforcing Gel	<u>17</u>	<u>skt</u>			<u>30.00</u>	<u>510.00</u>
<u>581</u>		<u>2</u>			Service Charge Cont	<u>617</u>	<u>skt</u>			<u>185.00</u>	<u>1141.45</u>
<u>583</u>		<u>2</u>			Drainage	<u>776</u>	<u>tm</u>			<u>95.00</u>	<u>7372.00</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.						SURVEY		AGREE	UNDECIDED	DISAGREE	PAGE TOTAL
						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					TOTAL
											<u>1141.45</u>

DATE SIGNED	TIME SIGNED	<input type="checkbox"/> A.M. <input type="checkbox"/> P.M.	REMIT PAYMENT TO: SWIFT SERVICES, INC. P.O. BOX 466 NESS CITY, KS 67560 785-798-2300
MUST BE SIGNED BY CUSTOMER OR CUSTOMER'S AGENT PRIOR TO START OF WORK OR DELIVERY OF GOODS.			
X			

SWIFT OPERATOR	CUSTOMER ACCEPTANCE OF MATERIALS AND SERVICES	APPROVAL
<u>David Edgerton</u>	The customer hereby acknowledges receipt of the materials and services listed on this ticket.	<u>Thank You!</u>



## JOB LOG

## SWIFT Services, Inc.

DATE

2-12-2020

PAGE NO.

2

CUSTOMER

Citation

WELL NO.

# 2

LEASE

Colberg

JOB TYPE

MRA

TICKET NO.

32747

CHART NO.	TIME	RATE (BPM)	VOLUME (BBL) (GAL)	PUMPS		PRESSURE (PSI)		DESCRIPTION OF OPERATION AND MATERIALS
				T	C	TUBING	CASING	
	945							On location
								2 3/8 x 17"
								1st Plug
								34/95
								1300 # Bentonite gel
								100 sks std 4 1/2" O.C.
								400 # Halls
		5	51			1500		pump gel w/ Halls
		5	21			2000		pump cmt w/ Halls
		5	9			2000		Disp w/ water
								2nd plug @ 2050
								170 sks 60/40
								100 # Halls
		5	45			1200		pump cmt
		5	3			1200		Disp
								3rd plug @ 1020
								225 sks 60/40
								100 # Halls
		5	60			600		pump cmt to circ
								Tie O.H w/ tubing
								Top off B.S.
								25 sks cmt
								Top off 2"
								50 sks
								Job Complete
								Thanks
								David, Zach, Kirby & Flint