

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



MAR 16 2020

Invoice

DATE	INVOICE #
3/11/2020	33000

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

- Acidizing
- Cement
- Tool Rental

TERMS	Well No.	Lease	County	Contractor	Well Type	Well Category	Job Purpose	Operator
Net 30	A #1	Reeve	Finney		Oil	Workover	PTA	Blaine

PRICE REF.	DESCRIPTION	QTY	UM	UNIT PRICE	AMOUNT
575W	Mileage - 1 Way	90	Miles	5.00	450.00T
576W-P	Pump Charge - PTA	1	Job	925.00	925.00T
328-4	60/40 Pozmix (4% Gel)	240	Sacks	11.00	2,640.00T
581W	Service Charge Cement	250	Sacks	1.85	462.50T
583W	Drayage	941.63	Ton Miles	0.95	894.55T
	Subtotal				5,372.05
	Sales Tax Finney County			7.95%	427.08

We Appreciate Your Business!	Total	\$5,799.13
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TICKET 033000

CHARGE TO: Well O-1
 ADDRESS:
 CITY, STATE, ZIP CODE

PAGE 1 OF 1

SERVICE LOCATIONS: New City KS
 WELL/PROJECT NO: A#1 LEASE: Revere COUNTY/PARISH: Finney STATE: KS CITY: Goodman City DATE: 11 MAR 20 OWNER:
 CONTRACTOR:
 RIG NAME/NO.:
 TICKET TYPE: SERVICE SALES
 WELL TYPE: 0-1 WELL CATEGORY: WORKOVER JOB PURPOSE: Plug to Abandon
 REFERRAL LOCATION: INVOICE INSTRUCTIONS: WELL PERMIT NO.: WELL LOCATION:

PRICE REFERENCE	SECONDARY REFERENCE/ PART NUMBER	ACCOUNTING			DESCRIPTION	MILEAGE	QTY.	U/M	QTY.	U/M	UNIT PRICE	AMOUNT
		LOC	ACCT	DF								
575					TRK 114	90	M				5.00	450.00
576P					Power Charge (RTN)	1					925.00	925.00
328-V					60/40 PROX (90pages)	240	SK				11.00	2640.00
581					Service charge	250	SK				1.85	462.50
583					Drygas	20925	LB				0.45	894.56

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 Andee Hubbee
 DATE SIGNED: 12/15 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? 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? YES NO
 CUSTOMER DID NOT WISH TO RESPOND
 PAGE TOTAL: 5378.09
 TOTAL: 5799.12

CUSTOMER ACCEPTANCE OF MATERIALS AND SERVICES The customer hereby acknowledges receipt of the materials and services listed on this ticket.
 SWIFT OPERATOR: Mark APPROVAL: Mark
 Thank You!

JOB LOG

SWIFT Services, Inc.

DATE 12 MAR 20 PAGE NO. 1

CUSTOMER Vessol WELL NO. A#1 LEASE Reese JOB TYPE Plug to Annular TICKET NO. 33000

CHART NO.	TIME	RATE (BPM)	VOLUME (BBL) (GAL)	PUMPS		PRESSURE (PSI)		DESCRIPTION OF OPERATION AND MATERIALS
				T	C	TUBING	CASING	

								250 sk 60/40 poz mix (40% gel)
								5 1/2 casing - pumping cement 120' to surface
								CIBP 4800' 4100'

	0900							on loc TRK 114
								CIBP set
								fluid level 3058'

	1023		23					∅ pump H ₂ O 23 bbl
								mix 60/40 poz (40%) @ 13.1 ppj
			59					2355sk

			4			300		Pap down BS 15sk
	1145							walk truck
								Rick up

	1215							job complete
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Thanks
Blake, Phil & search

24sk total