

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

| | |
|-----------|----------------------------|
| Form | CP4 - Well Plugging Record |
| Operator | Gore Oil Company |
| Well Name | ENEX-FLIPSE 2 |
| Doc ID | 1517005 |

Producing Formations

| Formation | Top | Bottom | Total Depth |
|-----------|------|--------|-------------|
| LKC E | 4057 | 4059 | |
| LKC H | 4106 | 4109 | |
| LKC H | 4126 | 4130 | |
| LKC I | 4162 | 4165 | |
| LKC L | 4236 | 4240 | |



SWIFT Services, Inc.

TICKET 033153

CHARGE TO: *Coac Oil Co Inc*
 ADDRESS
 CITY, STATE, ZIP CODE

PAGE 1 OF

SERVICE LOCATIONS
 1. *Harris 65*
 2. *Ness City 65*
 3.
 4.

WELL/PROJECT NO. *H 2*
 LEASE *Emx - Elise*
 CONTRACTOR *Co 78015*
 WELL TYPE *011*
 WELL CATEGORY *HOOR HOOR*
 RIG NAME/NO. *Thomas*
 COUNTY/PARISH
 STATE/CITY *65*

TICKET TYPE
 SERVICE
 SALES

SHIPPED *WA*
 DELIVERED TO *COLLETON*

DATE *5-20-2020*
 ORDER NO.
 WELL PERMIT NO.
 WELL LOCATION

| PRICE REFERENCE | SECONDARY REFERENCE/ PART NUMBER | ACCOUNTING | | | DESCRIPTION | QTY. | UM | QTY. | UM | UNIT PRICE | AMOUNT |
|-----------------|-------------------------------------|------------|------|----|---------------------------|-------------|------------|------|----|---------------|----------------|
| | | LOC | ACCT | DF | | | | | | | |
| <i>575</i> | | | | | MILEAGE <i>TRK # 111</i> | <i>80</i> | <i>mi</i> | | | <i>5.00</i> | <i>400.00</i> |
| <i>576P</i> | | | | | <i>Pump Charge - PTH</i> | <i>1</i> | <i>hr</i> | | | <i>925.00</i> | <i>925.00</i> |
| <i>290</i> | | | | | <i>D-111</i> | <i>5</i> | <i>6m</i> | | | <i>42.00</i> | <i>210.00</i> |
| <i>875</i> | | | | | <i>Cotton Seed Mills</i> | <i>8</i> | <i>lbs</i> | | | <i>35.00</i> | <i>280.00</i> |
| <i>388-4</i> | | | | | <i>60/40 pozum 40 gal</i> | <i>380</i> | <i>skb</i> | | | <i>11.00</i> | <i>4180.00</i> |
| <i>581</i> | | | | | <i>Service Charge ANT</i> | <i>450</i> | <i>skb</i> | | | <i>1.85</i> | <i>832.50</i> |
| <i>583</i> | | | | | <i>Drainage</i> | <i>1452</i> | <i>m</i> | | | <i>95</i> | <i>1379.40</i> |

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? | AGREE | UNDISAGREE | DISAGREE |
| 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

TAX

TOTAL

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

SWIFT OPERATOR *Dawn Edgerton* APPROVAL

Thank You!

JOB LOG

SWIFT Services, Inc.

DATE 5-20-2020 PAGE NO. 10

CUSTOMER *Gene Oil Co* WELL NO. *# 2* LEASE *Enex Flipse* JOB TYPE *WTT* TICKET NO. *33153*

| CHART NO. | TIME | RATE (BPM) | VOLUME (BBL) (GAL) | PUMPS | | PRESSURE (PSI) | | DESCRIPTION OF OPERATION AND MATERIALS |
|-----------|-------------|-------------|--------------------|-------|---|----------------|--------|--|
| | | | | T | C | TUBING | CASING | |
| | <i>9:45</i> | | | | | | | <i>On location</i> |
| | | | | | | | | <i>4 1/2 x 2 1/8</i> |
| | | <i>5</i> | <i>25</i> | | | <i>0</i> | | <i>1st Plug - 4000</i> |
| | | <i>5</i> | <i>5</i> | | | <i>1000</i> | | <i>95 sks cement w/ 300 # Halls</i> |
| | | | | | | | | <i>Disp</i> |
| | | <i>5</i> | <i>23</i> | | | <i>1000</i> | | <i>2nd Plug - 2800'</i> |
| | | | | | | | | <i>90 sks cement w/ 250 # Halls</i> |
| | | <i>4</i> | <i>26</i> | | | <i>100</i> | | <i>3rd plug @ 1400'</i> |
| | | <i>4</i> | <i>2</i> | | | <i>400</i> | | <i>100 sks cement w/ 200 # Halls</i> |
| | | | | | | | | <i>Disp</i> |
| | | | | | | | | <i>T.O.D. //</i> |
| | | <i>.5</i> | <i>8</i> | | | <i>0</i> | | <i>Top off 4 1/2 - 30 sks</i> |
| | | <i>1.25</i> | <i>17</i> | | | <i>250</i> | | <i>pump 65 sks down 8 5/8</i> |
| | | | | | | | | <i>380 sks total</i> |
| | | | | | | | | <i>JOB Complete</i> |
| | | | | | | | | <i>Thanks</i> |
| | | | | | | | | <i>Darwin Zach / ISAHC</i> |

