

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 #
11/12/2020	33365

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	#1	Whitley	Ness	Cheyenne	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)				475	Sacks	11.00	5,225.00T
275	Cotton Seed Hulls				1	Sack(s)	35.00	35.00T
290	D-Air				5	Gallon(s)	42.00	210.00T
581W	Service Charge Cement				400	Sacks	1.85	740.00T
583W	Drayage				352	Ton Miles	0.95	334.40T
	Subtotal							7,569.40
Customer Disc...	Customer Discount Per Ted						-10.00%	-756.94
	Subtotal							6,812.46
	Sales Tax Ness County						6.50%	442.81
We Appreciate Your Business!							Total	\$7,255.27



Services, Inc.

CHARGE TO: DK Operating

ADDRESS
CITY, STATE, ZIP CODE

TICKET **033365**

PAGE 1 OF 1

1. SERVICE LOCATIONS <u>Ness City, KS</u>	WELL/PROJECT NO. <u>#1</u>	LEASE <u>Whitley</u>	COUNTY/PARISH <u>Ness</u>	STATE <u>KS</u>	CITY <u>Ness</u>	DATE <u>11-12-2002</u>	OWNER <u>Ness</u>
2. TICKET TYPE <input checked="" type="checkbox"/> SERVICE <input type="checkbox"/> SALES	CONTRACTOR <u>Chevron</u>	RIG NAME/NO.	SHIPPED VIA <u>CV</u>	DELIVERED TO <u>location</u>	WELL PERMIT NO.	ORDER NO.	
3. WELL TYPE <u>D1</u>	WELL CATEGORY <u>Workover</u>	JOB PURPOSE <u>Plug to Abandon</u>	WELL LOCATION <u>Ness City 9-S, 5-E</u>				
4. REFERRAL LOCATION	INVOICE INSTRUCTIONS		WELL LOCATION <u>1-S, 47-inb</u>				

PRICE REFERENCE	SECONDARY REFERENCE/ PART NUMBER	ACCOUNTING LOC ACCT DF	DESCRIPTION	QTY.	UM	QTY.	UM	UNIT PRICE	AMOUNT
575		1	MILEAGE T.R #112			20	mi	5.00	100.00
576P		1	Pump Charge - PTA			1	job	925.00	925.00
308-4		1	60/40 Pozmix 48 gal			475	sk	11.00	5225.00
275		1	Cotton Seed Hulls			1	sk	35.00	35.00
290		1	D-Air			5	gal	42.00	210.00
581		1	CMT Service Charge			400	sk	1.85	740.00
583		1	Drayage			35200	lbs	0.95	33440.00
						352	TM	1.94	682.88
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JOB LOG

SWIFT Services, Inc.

DATE 11-12-2020 PAGE NO. 1

CUSTOMER DK Operating WELL NO. # 1 LEASE Whitley JOB TYPE Plug to Abandon TICKET NO. 033365

CHART NO.	TIME	RATE (BPM)	VOLUME (BBL) (GAL)	PUMPS		PRESSURE (PSI)		DESCRIPTION OF OPERATION AND MATERIALS
				T	C	TUBING	CASING	
	1200							ON Location 2 7/8" x 7"
								Perfs: 1500' FBR PKR: 1140
	1245	3	4	✓		600		Injection Rate @ 1140'
		3 1/2	13	✓		400		Mix 50 sks of 60/40 Pozmix 4% gel w/ NO hulls
		3	13	✓		650		Mix 50 sks of 60/40 Pozmix 4% gel w/ 100# of Hulls
	1300	2 1/2	7.5	✓		800		Displace CMT
	1330							TDH Perforate @ 720' Run to 720'
	1445	4	39	✓		200		Mix 150 sks of CMT @ 720' * Circulate CMT to Surface
	1500							TDH
		1 1/2	20	✓		500		Pump down 7" Csg w/ 75 sks [65 through Perfs] [10 to Pit]
	1700	1 1/2	40	✓		450		Pump down 7" Csg w/ 99% Surface Pipe Open * Good Circulation the whole time - NO Cmt to Surface * - Wash up Trk #112 -
	1800							Job Complete 475 475 sks of 60/40 Pozmix 4% gel used Thanks! Gideon Kirby Shaw