

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.

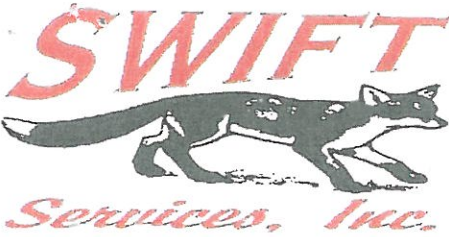
Oil, Gas or Water Records		Casing Record (Surface, Conductor & Production)			
Formation	Content	Casing	Size	Setting Depth	Pulled Out

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 #
11/23/2020	33197

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	#2-6	Wieland	Russell	Express Well	Oil	Workover	PTA	David E

PRICE REF.	DESCRIPTION	QTY	UM	UNIT PRICE	AMOUNT
	AFE#200383				
575W	Mileage - 1 Way	50	Miles	5.00	250.00T
576W-P	Pump Charge - PTA	1	Job	925.00	925.00T
290	D-Air	5	Gallon(s)	42.00	210.00T
275	Cotton Seed Hulls	2	Sack(s)	35.00	70.00T
328-4	60/40 Pozmix (4% Gel)	340	Sacks	11.00	3,740.00T
581W	Service Charge Cement	450	Sacks	1.85	832.50T
583W	Drayage	907	Ton Miles	0.95	861.65T
	Subtotal				6,889.15
Customer Disc...	Customer Discount Per Ted			-10.00%	-688.92
	Subtotal				6,200.23
	Sales Tax Russell County			8.50%	527.02

HAYS KANSAS
 RECEIVED BY _____
 APPROVED BY _____
DEC 01 2020
 LEASE _____
 WELL# 2-6
 LOE NRE A/E# 200383

We Appreciate Your Business!	Total	\$6,727.25
-------------------------------------	--------------	------------



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

PAGE 1 OF 1

TICKET 033197

SERVICE LOCATIONS
 1. Hays KS
 2. Ness City KS
 3.
 4.

WELL/PROJECT NO. 2-6
 LEASE Midland
 COUNTY/PARISH Russell
 STATE KS
 CITY Location
 DATE 11-23-00
 OWNER

TICKET TYPE
 SERVICE
 SALES

CONTRACTOR Express
 RIG NAME/NO.
 SHIPPED VIA ET
 DELIVERED TO

WELL TYPE Dil
 WELL CATEGORY Workover
 JOB PURPOSE PTA
 WELL PERMIT NO.

INVOICE INSTRUCTIONS AFE # 200383
 WELL LOCATION

PRICE REFERENCE	SECONDARY REFERENCE/ PART NUMBER	ACCOUNTING			DESCRIPTION	MILEAGE TRK #	QTY.	U/M	UNIT PRICE	AMOUNT
		LOC	ACCT	DF						
575						50	mi	5.00	250.00	
576P					Pump Charge - PTA	1	EA	925.00	925.00	
29D					D-Air	5	Gal	42.00	210.00	
275					Cotton Seen Halls	2	bx	35.00	70.00	
378-4					60/40 pozmix 40/2 gel	340	bd	11.00	3740.00	
581					Service Charge Cement	450	bx	1.85	832.50	
583					Dravage	907	tm	.95	861.65	

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.

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		AGREE	UNDECIDED	DISAGREE
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			

PAGE TOTAL	TAX	TOTAL
1839.15	529.02	2368.17
1839.15	529.02	2368.17
1839.15	529.02	2368.17

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

SWIFT OPERATOR

David Edgerton

APPROVAL

Thank You!

JOB LOG

SWIFT Services, Inc.

DATE 11-23-20 PAGE NO.

CUSTOMER Citation Oil & Gas WELL NO. 2-6 LEASE Wieland JOB TYPE PTA TICKET NO. 33197

CHART NO.	TIME	RATE (BPM)	VOLUME (BBL) (GAL)	PUMPS		PRESSURE (PSI)		DESCRIPTION OF OPERATION AND MATERIALS
				T	C	TUBING	CASING	
								ON LOCATION
								Csg - 5 1/2
								Tub - 2 3/8
								1st plug - 2718'
		5	5			1200		pump w/ spacer
		5	26			1200		pump cmt - 100 sx w/ 50# hulls
		5	5			800		Disp
								2nd Plug - 1750
		5	26			900		pump cmt - 100 sx w/ 100# hulls
		5	2			900		Disp
								3rd plug -
		4	0			400		START CMT
		4	26			400		CIRC CMT OUT 5 1/2 - 100 sx
								- close valve on 5 1/2 to circ
								OUT 8 5/8
						400		pressured up
								T.O.O.H w/ TUB
						300		TOP OFF 5 1/2 - 25 sx
								TOP OFF 8 5/8 - 15 sx