

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



CHARGE TO: Great Plains Energy
 ADDRESS
 CITY, STATE, ZIP CODE

TICKET 033207

LEASE Braun COUNTY/PARISH Norton STATE KS CITY
 RIG NAME NO. SHIPPED VIA CT DELIVERED TO Location WELL PERMIT NO.

PAGE 1 OF 1

SERVICE LOCATIONS
 1. Hay 5, KS WELL/PROJECT NO. 1-25
 2. Ness City, KS TICKET TYPE SERVICE CONTRACTOR Quality Plus WELL CATEGORY Workover JOB PURPOSE Plug To Abandon
 3. SALES
 4. WELL TYPE 8,1 INVOICE INSTRUCTIONS

PRICE REFERENCE	SECONDARY REFERENCE/ PART NUMBER	ACCOUNTING LOC	ACCT	DF	DESCRIPTION	QTY.	UM	UNIT PRICE	AMOUNT	SURVEY		PAGE TOTAL
										OUR EQUIPMENT PERFORMED WITHOUT BREAKDOWN?	AGREE	
875		1			MILEAGE #1)3	100	m ³	5.00	500.00			
576P		1			Pump Charges-PTA	1	EA	9.25	9.25			
298		1			D-Air	2	gal	42.00	84.00			
275		1			Bentonic Gel	12	SKS	30.00	360.00			
275		1			Cotton Seed Hulls	3	SKS	35.00	105.00			
328-4		2			60/40 Pozmix (40% Gel)	236	SKS	11.00	2596.00			
276		2			Fluorele	50	lbs	3.00	150.00			
581		2			Service Charge Cement	300	SKS	1.85	555.00			
583		2			Drayage	1258.92	TM	0.15	195.12			

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: John Mordas TIME SIGNED: A.M. P.M.

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

SWIFT OPERATOR: John Mordas APPROVAL: John Mordas

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? CUSTOMER DID NOT WISH TO RESPOND

TOTAL: 6182.39

DATE: 09/20/2008 OWNER: Same

ORDER NO. 41992

Thank You!

JOB LOG

SWIFT Services, Inc.

DATE: 08/20/2020 PAGE NO. 1
 TICKET NO. 033207

CUSTOMER		WELL NO.		LEASE		JOB TYPE		DESCRIPTION OF OPERATION AND MATERIALS	
Great Plains		1-25		Braun		PTA			
CHART NO.	TIME	RATE (BPM)	VOLUME (BBL) (GAL)	PUMPS		PRESSURE (PSI)			
				T	C	TUBING	CASING		
	0945								On location, set up truck
	1005	5 1/2							Start Cmt, 50 sks w/300#
		5 1/2	13						Cotton seed hulls,
		5 1/2	42						Mix 1200 #s gel
		5 1/2	55						Start Cmt
		5 1/2	101					600	Catch pressure, shut down 175 sks
								300	Tie onto 8 1/8 - full.
			1						Top off 5 1/2 w/5 sks
									Wash up
									Rack up
	1100								Job Complete
									Thanks
									Jon, Austin, Isaac