

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

JOB LOG

SWIFT Services, Inc.

DATE 12-7-20	PAGE NO.
TICKET NO. 35055	

CUSTOMER Gore Oil Co	WELL NO. A 1-13	LEASE Nicholson	JOB TYPE PTA
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CHART NO.	TIME	RATE (BPM)	VOLUME (BBL) (GAL)	PUMPS		PRESSURE (PSI)		DESCRIPTION OF OPERATION AND MATERIALS
				T	C	TUBING	CASING	
	1000							ON LOCATION
								CSG - 4 1/2
								TUB - 2 3/8
								1st Plug @ 2654'
		3	5			500		pump wtr spacer
		5	60			1200		pump cmt - 220 sx w/ 600# Hulls
		0	2			0		Disp
								2nd Plug @ 1500'
						4		pump cmt
		4	18			400		Circ cmt - 70 sx cmt 100# hulls
		4	1			400		Disp
								T.O.D.H
								TOP OFF 4 1/2 - 35 sx
						300		TOP OFF 8 5/8 - 0 sx
								JOB Complete
								Thanks
								DAVID, ZACH & ISAAC



Services, Inc.

CHARGE TO: Gore Bil Co
 ADDRESS _____
 CITY, STATE, ZIP CODE _____

TICKET 35055

PAGE 1 OF 1

1. SERVICE LOCATIONS: Hays Ks WEL/PROJECT NO. A 1-13 LEASE Nicholson COUNTY/PARISH GRAHAM STATE KS CITY GRAHAM DATE 12-7-20 OWNER _____

2. Ness City Ks WEL TYPE SALES CONTRACTOR HORRIGAN RIG NAME/NO. _____ SHIPPED W/PT DELIVERED TO LOCATION ORDER NO. _____

3. WEL TYPE Swid WEL CATEGORY workover JOB PURPOSE PTA WEL PERMIT NO. _____ WEL LOCATION _____

4. REFERRAL LOCATION _____ INVOICE INSTRUCTIONS _____

PRICE REFERENCE	SECONDARY REFERENCE/ PART NUMBER	ACCOUNTING LOC	ACCT	DF	DESCRIPTION	QTY.	UM	UNIT PRICE	AMOUNT
525					MILEAGE TR # 111	70	mi	\$1.00	350.00
5210					Ramp Charge - PTA	1	ea	925.00	925.00
290					D-Air	3	bar	42.00	126.00
275					Carton seeds hulls	7	bx	35.00	245.00
328-4					60/40 Pozmix 40% gel	325	sx	11.00	3575.00
581					Service charge cont	350	bx	1.85	647.50
583					Drayage	988	tm	.95	938.10

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	AGREE	UNDECIDED	DISAGREE	PAGE TOTAL
OUR EQUIPMENT PERFORMED WITHOUT BREAKDOWN?				680710
WE UNDERSTOOD AND MET YOUR NEEDS?				-68071
OUR SERVICE WAS PERFORMED WITHOUT DELAY?				102
WE OPERATED THE EQUIPMENT AND PERFORMED JOB CALCULATIONS SATISFACTORILY?				102
ARE YOU SATISFIED WITH OUR SERVICE?	<input type="checkbox"/> YES	<input type="checkbox"/> NO		102
<input type="checkbox"/> CUSTOMER DID NOT WISH TO RESPOND				102
TOTAL				680710

SWIFT OPERATOR David Edgerton APPROVAL _____

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

Thank You!