

**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**



TICKET 35693

CHARGE TO: Gore Oil Co  
 ADDRESS \_\_\_\_\_  
 CITY, STATE, ZIP CODE \_\_\_\_\_

PAGE 1 OF

SERVICE LOCATIONS  
 1. Hays Ks  
 2. Ness City Ks  
 3. \_\_\_\_\_  
 4. \_\_\_\_\_

WELL PROJECT NO. 111  
 LEASE Prywell  
 COUNTY/PARISH Rooks  
 STATE Ks  
 CITY \_\_\_\_\_

TICKET TYPE  
 SERVICE  
 SALES

CONTRACTOR Co Tools  
 WELL CATEGORY Workover  
 JOB PURPOSE PTA

WELL TYPE oil  
 WELL NAME/NO. \_\_\_\_\_  
 DELIVERED TO LOCATION

INVOICE INSTRUCTIONS \_\_\_\_\_

DATE 3-2-21  
 ORDER NO. \_\_\_\_\_  
 OWNER \_\_\_\_\_

PRICE REFERENCE	SECONDARY REFERENCE/ PART NUMBER	ACCOUNTING			DESCRIPTION	QTY.	U/M	UNIT PRICE	AMOUNT
		LOC	ACCT	DF					
<u>575</u>					MILEAGE <u>TRV # 111</u>	<u>30</u>	<u>mi</u>	<u>5.00</u>	<u>150.00</u>
<u>576P</u>					<u>Ramp Charge - PTA</u>	<u>1</u>	<u>EA</u>	<u>925.00</u>	<u>925.00</u>
<u>29D</u>					<u>D-Air</u>	<u>3</u>	<u>bar</u>	<u>42.00</u>	<u>126.00</u>
<u>275</u>					<u>Cotton Seed Hulls</u>	<u>7</u>	<u>SK</u>	<u>35.00</u>	<u>245.00</u>
<u>328-4</u>					<u>60/40 pozmix 40% gel</u>	<u>265</u>	<u>SK</u>	<u>11.00</u>	<u>2915.00</u>
<u>581</u>					<u>Service Charge Cmt</u>	<u>450</u>	<u>SK</u>	<u>1.85</u>	<u>832.50</u>
<u>583</u>					<u>Drainage</u>	<u>1634</u>	<u>TM</u>	<u>.95</u>	<u>1552.30</u>

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	UNDECIDED	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?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	

PAGE TOTAL 6745.80  
1571.34  
16071.83  
494.99  
 TOTAL 6496.91

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

SWIFT OPERATOR David T. G. [Signature] APPROVAL \_\_\_\_\_

Thank You!

JOB LOG

SWIFT Services, Inc.

DATE 3-4-21	PAGE NO.
TICKET NO. 35693	

CUSTOMER GORE OIL CO	WELL NO. H-1	LEASE Pywell	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	
								ON LOCATION
								2 3/8 x 4 1/2
		5	26			1700		1st plug @ 3450
		5	5			1700		pump 100 sx cmt w/ 250# hulls
								Disp
		5	28			1100		2nd Plug @ 2000
								pump 110 sx cmt w/ 200 hulls
								cmt circ to surf
		0	1			0		Disp
								T.D.D.H w/ TSB
						300		Top off 8 5/8 - 25 SKs
						300		Top off 4 1/2 - 30 SK



