

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

SWIFT



Services, Inc.

P. O. Box 466
Ness City, KS 67560
Off: 785-798-2300



Invoice

DATE	INVOICE #
4/27/2021	35720

BILL TO
Pintail Petroleum Ltd. 225 N. Market #300 Wichita, KS 67202

- Acidizing
- Cement
- Tool Rental

TERMS	Well No.	Lease	County	Contractor	Well Type	Well Category	Job Purpose	Operator
Net 30	#3	Schaller	Ford	Fritzler	Oil	Workover	PTA	David E
PRICE REF.	DESCRIPTION				QTY	UM	UNIT PRICE	AMOUNT
575W	Mileage - 1 Way				70	Miles	5.00	350.00T
576W-P	Pump Charge - PTA				1	Job	925.00	925.00T
275	Cotton Seed Hulls				2	Sack(s)	35.00	70.00T
290	D-Air				2	Gallon(s)	42.00	84.00T
328-4	60/40 Pozmix (4% Gel)				180	Sacks	11.00	1,980.00T
581W	Service Charge Cement				180	Sacks	1.85	333.00T
583W	Drayage				508	Ton Miles	0.95	482.60T
580	Additional Hours (If Circulate More Than 1 Hour)				1	Hours	300.00	300.00T
	Subtotal							4,524.60
Customer Disc...	Customer Discount Per Ted						-10.00%	-452.46
	Subtotal							4,072.14
	Sales Tax Ford County						7.65%	311.52
We Appreciate Your Business!							Total	\$4,383.66



CHARGE TO: Pintrail Petroleum
 ADDRESS
 CITY, STATE, ZIP CODE

TICKET 35720

PAGE 1 OF 1

SERVICE LOCATIONS	WELL/PROJECT NO.	LEASE	COUNTY/PARISH	STATE	CITY	DATE	OWNER
1. <u>Hays Ks</u>	# <u>3</u>	<u>Schaller</u>	<u>Foos</u>	<u>Ks</u>		<u>4-27-21</u>	
2. <u>Ness City Ks</u>	TICKET TYPE <input type="checkbox"/> SERVICE <input type="checkbox"/> SALES	CONTRACTOR <u>Fritzer</u>	RIG NAME/NO.	SHIPPED VIA	DELIVERED TO	ORDER NO.	
3.	WELL TYPE <u>oil</u>	WELL CATEGORY <u>ABANDONED</u>	JOB PURPOSE <u>PTA</u>	<u>ST</u>	<u>Location</u>		
4.	INVOICE INSTRUCTIONS	WELL PERMIT NO.	WELL LOCATION				

PRICE REFERENCE	SECONDARY REFERENCE/ PART NUMBER	ACCOUNTING			DESCRIPTION	MILEAGE	QTY.		UNIT PRICE	AMOUNT
		LOC	ACCT	DF			U/M	U/M		
<u>575</u>						<u>70</u>	<u>mi</u>	<u>5.80</u>	<u>350.00</u>	
<u>576P</u>					<u>Pump Charge - PTA</u>	<u>1</u>	<u>ea</u>	<u>925.00</u>	<u>925.00</u>	
<u>275</u>					<u>Coron Sea Hulls</u>	<u>2</u>	<u>5x</u>	<u>35.00</u>	<u>70.00</u>	
<u>29D</u>					<u>D-Air</u>	<u>2</u>	<u>6oz</u>	<u>42.00</u>	<u>84.00</u>	
<u>328-4</u>					<u>60/40 pozmix 40% gel</u>	<u>180</u>	<u>5x</u>	<u>11.00</u>	<u>1980.00</u>	
<u>581</u>					<u>Service Charge Crust</u>	<u>180</u>	<u>5x</u>	<u>1.85</u>	<u>333.00</u>	
<u>583</u>					<u>Drainage</u>	<u>508</u>	<u>TM</u>	<u>95.40</u>	<u>48460.00</u>	
<u>580</u>					<u>Additional Hours</u>	<u>1</u>	<u>ea</u>	<u>300.00</u>	<u>300.00</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	AGREE	UNDECIDED	DISAGREE	PAGE TOTAL
OUR EQUIPMENT PERFORMED WITHOUT BREAKDOWN?				<u>4524.60</u>
WE UNDERSTOOD AND MET YOUR NEEDS?				<u>-4524.40</u>
OUR SERVICE WAS PERFORMED WITHOUT DELAY?				<u>102.00</u>
WE OPERATED THE EQUIPMENT AND PERFORMED JOB CALCULATIONS SATISFACTORILY?				<u>4072.14</u>
ARE YOU SATISFIED WITH OUR SERVICE?	<input type="checkbox"/> YES	<input type="checkbox"/> NO		<u>FAX</u>
<input type="checkbox"/> CUSTOMER DID NOT WISH TO RESPOND				<u>311.52</u>
TOTAL				<u>4885.66</u>

SWIFT OPERATOR Davis Edgerston APPROVAL _____

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

Thank You!

JOB LOG

SWIFT Services, Inc.

DATE

4-27-21

PAGE NO.

CUSTOMER
Pintail Petroleum

WELL NO.
3

LEASE
SCHALLER

JOB TYPE
PTA

TICKET NO.
35720

CHART NO.	TIME	RATE (BPM)	VOLUME (BBL) (GAL)	PUMPS		PRESSURE (PSI)		DESCRIPTION OF OPERATION AND MATERIALS
				T	C	TUBING	CASING	
								2 7/8 x 5 1/2
		5	13			400		1st plug e
		5	19			400		pump 50 sx cmt w/ 200 # hulls
								Disp
								4-29-21
								Run bond log - Cmt all around
								csg, made decision to
								perf csg @ 1440'
		4	13			200		pump 50 sx cmt w/ 200 #
								hulls in last 25 sx
								Perf csg @ 430
		4	18			200		Pump 70 sx cmt
		.5	2			300		Hook up to 8 5/8
								pump 10 sx cmt
								Needs to be topped off



P. O. Box 466
Ness City, KS 67560
Off: 785-798-2300



Invoice

DATE	INVOICE #
5/7/2021	35730

BILL TO
Pintail Petroleum Ltd. 225 N. Market #300 Wichita, KS 67202

- Acidizing
- Cement
- Tool Rental

TERMS	Well No.	Lease	County	Contractor	Well Type	Well Category	Job Purpose	Operator
Net 30	#3 SWD	Schalle-McKee	Ford		SWD	Workover	PTA	David E

PRICE REF.	DESCRIPTION	QTY	UM	UNIT PRICE	AMOUNT
575W	Mileage - 1 Way	60	Miles	5.00	300.00T
576W-P	Pump Charge - PTA	1	Job	925.00	925.00T
290	D-Air	2	Gallon(s)	42.00	84.00T
275	Cotton Seed Hulls	2	Sack(s)	35.00	70.00T
328-4	60/40 Pozmix (4% Gel)	185	Sacks	11.00	2,035.00T
581W	Service Charge Cement	185	Sacks	1.85	342.25T
583D	Drayage	448	Ton Miles	0.95	425.60
	Subtotal				4,181.85
	SWD &/Or InJection Well, Exempt From Sales Tax			0.00%	0.00

*Top off cement
Mc Kee = 50 SX - 1129.09
Schaller 3 = 135 SX - 3052.70*

We Appreciate Your Business!	Total	\$4,181.85
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TICKET 35730

CHARGE TO: District Petroleum
 ADDRESS _____
 CITY, STATE, ZIP CODE _____

PAGE 1 OF 1

SERVICE LOCATIONS	WELL/PROJECT NO.	LEASE	COUNTY/PARISH	STATE	CITY	DATE	OWNER
1. <u>Hayes Co</u>	<u>#3</u>	<u>SUB</u>	<u>Schaefer & Mober</u>	<u>KS</u>		<u>5-2-21</u>	
2. <u>Ness City KS</u>	TICKET TYPE	CONTRACTOR	RIG NAME/NO.	SHIPPED VIA	DELIVERED TO	ORDER NO.	
	<input type="checkbox"/> SERVICE			<u>Air</u>	<u>Location</u>		
	<input type="checkbox"/> SALES						
3.	WELL TYPE	WELL CATEGORY	JOB PURPOSE		WELL PERMIT NO.	WELL LOCATION	
		<u>As Arranged</u>	<u>TOP OFF PTA</u>				
4.	REFERRAL LOCATION	INVOICE INSTRUCTIONS					

PRICE REFERENCE	SECONDARY REFERENCE/ PART NUMBER	ACCOUNTING			DESCRIPTION	MILEAGE	QTY.		UNIT PRICE	AMOUNT
		LOC	ACCT	DF			U/M	U/M		
<u>575</u>					<u>Truck # 111</u>	<u>60</u>		<u>Mi</u>	<u>5.00</u>	<u>300.00</u>
<u>576P</u>					<u>Pump charge - PTA</u>	<u>1</u>		<u>EA</u>	<u>925.00</u>	<u>925.00</u>
<u>29D</u>					<u>B-Air</u>	<u>2</u>		<u>EA</u>	<u>42.00</u>	<u>84.00</u>
<u>275</u>					<u>Cotton Seed Husks</u>	<u>2</u>		<u>SK</u>	<u>35.00</u>	<u>70.00</u>
<u>328-4</u>					<u>60/40 pozmix 40% sel</u>	<u>185</u>		<u>SK</u>	<u>11.00</u>	<u>2035.00</u>
<u>581</u>					<u>Service charge cut</u>	<u>185</u>		<u>SK</u>	<u>1.85</u>	<u>342.25</u>
<u>583</u>					<u>Drayage</u>	<u>448</u>		<u>TM</u>	<u>95</u>	<u>425.60</u>

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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? YES NO

CUSTOMER DID NOT WISH TO RESPOND

TOTAL 4181.85

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

SWIFT OPERATOR Davis Anderson APPROVAL _____

Thank You!

