

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



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



Invoice

DATE	INVOICE #
4/27/2021	35722

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	#1	Lancaster	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)				255	Sacks	11.00	2,805.00T
581W	Service Charge Cement				255	Sacks	1.85	471.75T
583W	Drayage				720	Ton Miles	0.95	684.00T
580	Additional Hours (Bottom Plug)				1	Hours	300.00	300.00T
	Subtotal							5,689.75
Customer Disc...	Customer Discount Per Ted						-10.00%	-568.98
	Subtotal							5,120.77
	Sales Tax Ford County						7.65%	391.74
We Appreciate Your Business!							Total	\$5,512.51



TICKET 35722

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

PAGE 1 OF 1

SERVICE LOCATIONS	WELL/PROJECT NO.	LEASE	COUNTY/PARISH	STATE	CITY	DATE	OWNER
1. <u>Hays Ks</u>	<u>#1</u>	<u>LANCASTER</u>	<u>FORD</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	RIG NAME/NO.	SHIPPED VIA	DELIVERED TO	ORDER NO.	
3.	WELL TYPE <u>D-11</u>	<u>Fritzier</u>		<u>CS</u>	<u>LOCATION</u>		
4.	WELL CATEGORY	JOB PURPOSE			WELL PERMIT NO.	WELL LOCATION	
	<u>ABANDONED</u>	<u>PER</u>					
REFERRAL LOCATION	INVOICE INSTRUCTIONS						

PRICE REFERENCE	SECONDARY REFERENCE/ PART NUMBER	ACCOUNTING			DESCRIPTION	MILEAGE	QTY. U/M			UNIT PRICE	AMOUNT
		LOC	ACCT	DF			QTY.	U/M	QTY.		
<u>575</u>					<u>TR # 111</u>	<u>70</u>	<u>Mi</u>			<u>5.00</u>	<u>350.00</u>
<u>576P</u>					<u>Pump Charge - Pto</u>	<u>1</u>	<u>CA</u>			<u>925.00</u>	<u>925.00</u>
<u>275</u>					<u>Cotton Seed Hulls</u>	<u>2</u>	<u>SX</u>			<u>35.00</u>	<u>70.00</u>
<u>290</u>					<u>D-Air</u>	<u>2</u>	<u>Can</u>			<u>42.00</u>	<u>84.00</u>
<u>328-4</u>					<u>60/40 permix 40% gel</u>	<u>205</u>	<u>SX</u>			<u>11.00</u>	<u>2265.00</u>
<u>581</u>					<u>Service Charge Cmt</u>	<u>255</u>	<u>SX</u>			<u>1.85</u>	<u>471.75</u>
<u>583</u>					<u>Drayage</u>	<u>720</u>	<u>TM</u>			<u>.95</u>	<u>684.00</u>
<u>580</u>					<u>Additional Hours (Bottom plug)</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

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

PAGE TOTAL: 5289.75

TAX: 102.00

TOTAL: 5512.51

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

SWIFT OPERATOR: David Edgeman APPROVAL _____

Thank You!

JOB LOG

SWIFT Services, Inc.

DATE 4-27-21 PAGE NO.

CUSTOMER		WELL NO.		LEASE		JOB TYPE		TICKET NO.	
Pintail		#1		LANCASTER		PTA		35722	
CHART NO.	TIME	RATE (BPM)	VOLUME (BBL) (GAL)	PUMPS		PRESSURE (PSI)		DESCRIPTION OF OPERATION AND MATERIALS	
				T	C	TUBING	CASING		
			9 24						1st plug @ 4756 pump 35 sx CMT w/ 150 # hulls Disp
									Leave trucks overnight
									4-28-21 8 Plug through Csg
									Shoot off csg @ 1406' pull up 1 ft to 1365'
		4	13			200			2nd plug @ 1365' pump 50 sx CMT
		4	13			200			3rd plug @ 886 pump 50 sx CMT
		4	10			200			4th plug @ 286 pump 40 sx CMT
									T.O.O.H w/ csg
		1	10			0			Top off 8 5/8" - 40 sx
									Job Complete
									Used 215 sx CMT 150 # hulls
									Thanks David, Zach & Ismael
		1	11			0			4-29-21 Top off w/ 40 sx CMT