KOLAR Document ID: 1583607

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 #: | | | AF | PI No. 1 | 5 | |
|--------------------------------|------------------------------|-------------------|----------------|----------|--------------------------|---|
| Name: | | | | | | |
| Address 1: | | | _ | | Sec Tv | vp S. R East West |
| Address 2: | | | _ | | Feet from | North / South Line of Section |
| City: | State: | Zip: + | _ | | Feet from | East / West Line of Section |
| Contact Person: | | | Fo | otages | Calculated from Neare | st Outside Section Corner: |
| Phone: () | | | | | NE NW | SE SW |
| Type of Well: (Check one) | | OG D&A Cathodic | Co | , | | Well #: |
| ENHR Permit #: | Gas Sto | rage Permit #: | | | | |
| Is ACO-1 filed? Yes | No If not, is well | log attached? Yes | | | • | oved on: (Date) |
| Producing Formation(s): List A | II (If needed attach another | sheet) | by | : | | (KCC District Agent's Name) |
| Depth to | Top: Botton | m: T.D | _{Pli} | ıaaina | Commenced: | |
| Depth to | Top: Botto | m: T.D | | 00 0 | | |
| Depth to | Top: Botto | m:T.D | ' ' | agging | Completed. | |
| | | | | | | |
| Show depth and thickness of a | all water, oil and gas forma | ations. | | | | |
| Oil, Gas or Water | Records | | Casing Reco | rd (Sun | face, Conductor & Produc | ction) |
| Formation | Content | Casing | Size | | Setting Depth | Pulled Out |
| | | | | | | |
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| cement or other plugs were us | | - | | | | ds used in introducing it into the hole. If |
| Plugging Contractor License # | :: | | Name: | | | |
| Address 1: | | | Address 2: _ | | | |
| City: | | | Sta | ate: | | Zip:+ |
| Phone: () | | | | | | |
| Name of Party Responsible fo | r Plugging Fees: | | | | | |
| State of | County, _ | | , s | SS. | | |
| | | | Г | _ | nployee of Operator or | Operator on above-described well, |
| | (Print Name) | | | =[] | inproyee or Operator or | Operator on above-described well, |

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.



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



Invoice

| DATE | INVOICE# | |
|-----------|----------|--|
| 7/19/2021 | 35124 | |

BILL TO

Citation Oil & Gas 1016 Hwy 40 Bypass Hays, KS 67601

- Acidizing
- Cement

\$11,262.87

Tool Rental

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| TERMS | Well N | 10. | Lease | County | Contractor | We | II Type | We | ell Category | Job Purpose | Operator |
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| PRICE | REF. | | | DESCRIPT | ION | | QTY | Y | UM | UNIT PRICE | AMOUNT |
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| OAT. | G4 | 110 | CITATION | | |
| | | | , | CHARGE TO: | CHA |

35124

| on this ticket. | cages receipt of the materials and services listed on this ticket. | | / Appación | SWIFT OPERATOR |
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| 11,000 | edues receipt of the materials and source and | S AND SERVICES The customer hereby acknowled | CUSTOMER ACCEPTANCE OF MATERIALS AND SERVICES | |
| TOTAL // 2/2 47 | ARE YOU SATISFIED WITH OUR SERVICE? CITSTOMER DID NOT WISH TO BE SOON! | 785-798-2300 | TIME SIGNED | DATE SIGNED |
| Comps 12/82 | AND PERFORMED JOB CALCULATIONS SATISFACTORILY? | 7560 | LIVERY OF GOODS. | X X X X X X X X X X X X X X X X X X X |
| 52 Des 10526 05 | MET YOUR NEEDS? OUR SERVICE WAS PERFORMED WITHOUT DELAY? | INC. | LIMITED WARRANTY provisions. MUST BE SIGNED BY CUSTOMER OR CUSTOMER'S AGENT PRIOR TO | LIMITED WARRANTY provisions MUST BE SIGNED BY CUSTOMER OR CUSTO |
| | SURVEY AGREE UNDECIDED DISAGREE OUR EQUIPMENT PERFORMED WITHOUT BREAKDOWN? WE UNDERSTOOD AND | REMIT PAYMENT TO: | 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 | LEGAL TERMS: the terms and con but are not limited |
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| DATE MONER OWNER | STATE CITY | A COUNT | WELL/PROJECT NO. | SERVICE LOCATIONS |
| PAGE OF | | CITY, STATE, ZIP CODE | Inc. | Services, |
| | | | | |

SWIFT OPERATOR DAVID EDGERION

APPROVAL

Thank You!

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