

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.

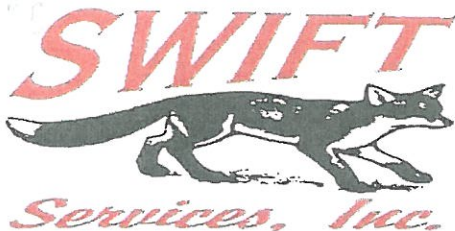
Oil, Gas or Water Records		Casing Record (Surface, Conductor & Production)			
Formation	Content	Casing	Size	Setting Depth	Pulled Out

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



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

Invoice

DATE	INVOICE #
8/25/2021	35199

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

HAYS KANSAS
RECEIVED BY _____
APPROVED BY _____
SEP 02 2021
LEASE _____
WELL# _____
LOE NRE AFE# _____

- Acidizing
- Cement
- Tool Rental

TERMS	Well No.	Lease	County	Contractor	Well Type	Well Category	Job Purpose	Operator
Net 30	#4-07	Barry LKC	Rooks	Express	Oil	Workover	PTA	David E

PRICE REF.	DESCRIPTION	QTY	UM	UNIT PRICE	AMOUNT
575W	Mileage - 1 Way	40	Miles	6.00	240.00T
576W-P	Pump Charge - PTA	1	Job	1,000.00	1,000.00T
290	D-Air	5	Gallon(s)	42.00	210.00T
275	Cotton Seed Hulls	8	Sack(s)	35.00	280.00T
325	Standard Cement	100	Sacks	14.50	1,450.00T
278	Calcium Chloride	5	Sack(s)	40.00	200.00T
328-4	60/40 Pozmix (4% Gel)	400	Sacks	11.50	4,600.00T
581W	Service Charge Cement	500	Sacks	2.00	1,000.00T
583W	Drayage	1,259	Ton Miles	1.00	1,259.00T
	Subtotal				10,239.00
Customer Disc...	Customer Discount Per Ted			-5.00%	-511.95
	Subtotal				9,727.05
	Sales Tax Rooks County			7.00%	680.89

We Appreciate Your Business!

Total

\$10,407.94



TICKET 35199

CHARGE TO: CITATION DIL + Gas
 ADDRESS
 CITY, STATE, ZIP CODE

PAGE 1 OF

SERVICE LOCATIONS
 1. Hays KS
 2. Ness City KS
 3.
 4.
 REFERRAL LOCATION

WELL/PROJECT NO. 4-07
 TICKET TYPE
 SERVICE
 SALES
 CONTRACTOR Barry LLC
 RIG NAME/NO. Rooks
 COUNTY/PARISH
 STATE KS
 CITY
 DELIVERED TO
 LOCATION

LEASE
 Barry LLC
 RIG NAME/NO.
 COUNTY/PARISH
 STATE
 CITY

WELL TYPE
 SERVICE
 SALES
 D11
 WELL CATEGORY
 ABANDONED
 JOB PURPOSE
 PTA
 WELL PERMIT NO.

INVOICE INSTRUCTIONS
 ACE # - 210234
 WELL LOCATION

DATE/ORDER NO. 8/25/21

OWNER

PRICE REFERENCE	SECONDARY REFERENCE/ PART NUMBER	ACCOUNTING			DESCRIPTION	QTY.	UM	UNIT PRICE	AMOUNT
		LOC	ACCT	DF					
575					40	mi	6.00	240.00	
5760				MILEAGE TRK # 111 Pump Charge - PTA	1	EA	1000.00	1000.00	
290				D-AIR	5	bar	42.00	210.00	
275				COTTON SEED HULLS	8	SK	35.00	280.00	
375				STANDARD CEMENT	14	SK	105.00	1470.00	
278				Calcium chloride	5	SK	40.00	200.00	
328-4				60/40 Pozmix 4% gel	400	SK	11.50	4600.00	
581				Service charge cement	500	SK	2.00	1000.00	
583				Daytag	1259	TM	1.00	1259.00	

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.

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

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 10239.00
 -511.95
 9727.05
 6801.89
 TOTAL 10407.94

SWIFT OPERATOR DAVID BRADLEY APPROVAL

Thank You!

JOB LOG

SWIFT Services, Inc.

DATE 8/25/21 PAGE NO.

CUSTOMER Citation Oil + Gas WELL NO. 4-07 LEASE Berry 1KC JOB TYPE PTA TICKET NO. 35199

CHART NO.	TIME	RATE (BPM)	VOLUME (BBL) (GAL)	PUMPS		PRESSURE (PSI)		DESCRIPTION OF OPERATION AND MATERIALS
				T	C	TUBING	CASING	
	900							ONLOCATION
								2 7/8 x 6'
		5	21			800		1st Plug @ 3307
		5	2			850		pump 100 sx STD 3% CC - 400#hulls
								Disp
		5	26			600		2nd Plug @ 2401
		5	2			600		pump 100 sx 60/40 w/
								Disp
		4	45			300		3rd Plug @ 1404
		4	76			300		pump cmt to circ 6' - 175 sx
		0	1			0		close valve on 6' to circ up
								8 5/8 - 110 sx
								Disp
								T.O.D.H w TBG
								Top OFF 6' - 15 sx
								Job Complete
								THANKS
								Drewin, Zach, Dusty & Isaac