

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



CHARGE TO: **Jason Oil Co**
 ADDRESS
 CITY, STATE, ZIP CODE

TICKET 36808
 PAGE 1 OF 1

SERVICE LOCATION: **Ness City**
 WELL/PROJECT NO: **#1**
 LEASE: **M/S**
 COUNTY/PARISH: **Hogemanu**
 STATE: **KS**
 CITY: **Location**
 DATE: **5-30-2021**
 OWNER: **Ness City 20-5**

TICKET TYPE: SERVICE SALES
 CONTRACTOR: **Discovery Drig**
 RIG NAME/NO: **#2**
 SHIPPED VIA: **CT**
 ORDER NO.
 WELL TYPE: **Oil**
 WELL CATEGORY: **Development**
 JOB PURPOSE: **Rig to Abandon**
 WELL PERMIT NO.
 REFERRAL LOCATION: **2-E 12-N W 17th**
 INVOICE INSTRUCTIONS

PRICE REFERENCE	SECONDARY REFERENCE/ PART NUMBER	ACCOUNTING LOC ACCT DF	DESCRIPTION	QTY. U/M		UNIT PRICE		AMOUNT
				QTY.	U/M	QTY.	U/M	
575			MILEAGE TRK# 112	25	mi	5.00	125.00	
576			Ramp Charge - PTA		job	925.00	925.00	
328-4			60/40 Permox 49 gal	250	skts	11.00	2750.00	
276			Fluocel	75	lbs	3.00	225.00	
290			D-Air	3	gal	42.00	126.00	
SR1			CMT Sense Charge			1.85	46.20	50
SR3			Drayage	220	lbs	0.99	217.80	30
REMIT PAYMENT TO:				SURVEY		AGREE	DISAGREE	PAGE TOTAL
SWIFT SERVICES, INC.				OUR EQUIPMENT PERFORMED WITHOUT BREAKDOWN?				1
P.O. BOX 466				WE UNDERSTOOD AND MET YOUR NEEDS?				4875 70
NESS CITY, KS 67560				OUR SERVICE WAS PERFORMED WITHOUT DELAY?				
785-798-2300				WE OPERATED THE EQUIPMENT AND PERFORMED JOB CALCULATIONS SATISFACTORILY?				
DATE SIGNED: 5-30-2021				ARE YOU SATISFIED WITH OUR SERVICE?		<input type="checkbox"/> YES	<input type="checkbox"/> NO	TOTAL
TIME SIGNED: 1:00				CUSTOMER DID NOT WISH TO RESPOND				5112 98

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.

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

SWIFT OPERATOR: **Andrew Fuchs** APPROVAL: _____

Thank You!

JOB LOG

SWIFT Services, Inc.

DATE: 5-30-2021
 PAGE NO.: 1
 TICKET NO.: 33808

CUSTOMER		WELL NO.		LEASE		JOB TYPE		DESCRIPTION OF OPERATION AND MATERIALS	
Jason Oil Co		#1		MS		Rotary PTA			
CHART NO.	TIME	RATE (BPM)	VOLUME (BBL) (GAL)	PUMPS		PRESSURE (PSI)		Well Pipe	
				T	C	TUBING	CASING		
	1000								On Location 4 1/2" DP x 4 7/8" OT
	1120	4	13.1		✓		250		Plug @ 1680' w/ 50 sks - Displace w/ Mud
	1215	4	21		✓		200		Plug @ 810' w/ 80 sks
	1245	4	13.1		✓		100		Plug @ 300' w/ 50 sks
	1310	4	5.25		✓		50		Plug @ 60' w/ 20 sks
	1320	3	8		✓		50		Plug Rat Hole w/ 30 sks
	132		5.25		✓		50		Plug Mouse Hole w/ 20 sks
	1330								Wash up Trk #112
	1400								Job Complete
									250 sks of 60/40 Pozmix 4% gel @ 13.1 ppq used [w/ 1/4" Flo]
									Thanks'
									Bidean, Katelyn Dusty