

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



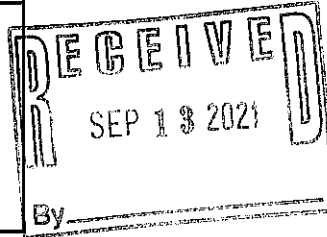
P. O. Box 466
 Ness City, KS 67560
 Off: 785-798-2300



Invoice

DATE	INVOICE #
9/8/2021	35143

BILL TO
Vess Oil Corporation 1700 Waterfront Parkway Building 500 Wichita, KS 67206



- Acidizing
- Cement
- Tool Rental

TERMS	Well No.	Lease	County	Contractor	Well Type	Well Category	Job Purpose	Operator
Net 30	DD	Harkness	Ness		Oil	Workover	PTA	Wayne
PRICE REF.	DESCRIPTION				QTY	UM	UNIT PRICE	AMOUNT
575W	Mileage - 1 Way				30	Miles	6.00	180.00T
576W-P	Pump Charge - PTA				1	Job	1,000.00	1,000.00T
328-4	60/40 Pozmix (4% Gel)				150	Sacks	11.50	1,725.00T
290	D-Air				2	Gallon(s)	42.00	84.00T
581W	Service Charge Cement				170	Sacks	2.00	340.00T
582D	Minimum Drayage Charge				1	Each	300.00	300.00
	Subtotal							3,629.00
	Sales Tax Ness County						6.50%	216.39
We Appreciate Your Business!							Total	\$3,845.39



CHARGE TO: **VESS OIL CORP.**
 ADDRESS
 CITY, STATE, ZIP CODE

TICKET 35143

PAGE 1 OF 1

1. SERVICE LOCATIONS NESS CITY, KS	WELL/PROJECT NO. DD	LEASE HARKNESS	COUNTY/PARISH NESS	STATE Ks	CITY	DATE 9-8-2021	OWNER SAME
2. TICKET TYPE <input checked="" type="checkbox"/> SERVICE <input type="checkbox"/> SALES	CONTRACTOR NONE	RIG NAME/NO.	SHIPPED VIA CT	DELIVERED TO LOCATON	ORDER NO.		
3. WELL TYPE OIL	WELL CATEGORY ABANDONED	JOB PURPOSE P.T.A.	WELL PERMIT NO.	WELL LOCATION N/BEELED, KS			
4. REFERRAL LOCATION	INVOICE INSTRUCTIONS						

PRICE REFERENCE	SECONDARY REFERENCE/ PART NUMBER	ACCOUNTING			DESCRIPTION	QTY.		U/M		UNIT PRICE	AMOUNT
		LOC	ACCT	DF							
575		1			MILEAGE # 114	30				600	180.00
576 P		1			PUMP CHARGE - PYA	1				1000.00	1000.00
328-4		1			60/40 POZMAX (4% GEL)	150				11.50	1725.00
290		1			D-ADR	2				42.00	84.00
581		1			SERVICE CHARGE CEMENT	170				2.00	340.00
582		1			MINIMUM DAMAGE CHARGE	14219	lbs	213.29	TM	300.00	300.00

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 **9-8-2021** TIME SIGNED **1200** ~~8 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	3629.00
OUR EQUIPMENT PERFORMED WITHOUT BREAKDOWN?				SIF	
WE UNDERSTOOD AND MET YOUR NEEDS?					
OUR SERVICE WAS PERFORMED WITHOUT DELAY?				YESS	216.39
WE OPERATED THE EQUIPMENT AND PERFORMED JOB CALCULATIONS SATISFACTORILY?					
ARE YOU SATISFIED WITH OUR SERVICE?	<input type="checkbox"/> YES	<input type="checkbox"/> NO		TOTAL	3845.39
<input type="checkbox"/> CUSTOMER DID NOT WISH TO RESPOND					

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

SWIFT OPERATOR **WAYNE WILSON**

APPROVAL _____

Thank You!

JOB LOG

SWIFT Services, Inc.

DATE

9-8-2021

PAGE NO.

1

CUSTOMER

Vess On Corp.

WELL NO.

DD

LEASE

HARKNESS

JOB TYPE

P.T.A.

TICKET NO.

35143

CHART NO.	TIME	RATE (BPM)	VOLUME (BBLS/GAL)	PUMPS		PRESSURE (PSI)		DESCRIPTION OF OPERATION AND MATERIALS
				T	C	TUBING	CASING	
	1200							ON LOCATION
								4 1/2" - CDSP = 4000'
								8 5/8" = 255'
								FL = 2000'
	1245	4	33		✓		500	MIX CEMENT 125 SKS PSI UP - HELD FILL TO SURFACE FROM 2000'
	1300	1	6 1/2		✓		300	MIX CEMENT 25 SKS DOWN BRADED HEAD PSI UP - HELD
								WASH - TRUCK
	1330							JOB COMPLETE

THANK YOU
WAYNE, PRESTON, BOB