

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

Form	CP4 - Well Plugging Record
Operator	Vess Oil Corporation
Well Name	RICHARDS 3
Doc ID	1591193

Producing Formations

Formation	Top	Bottom	Total Depth
LKC	3878	3884	
LKC	3994	4002	
LKC	4012	4026	
LKC	4089	4100	
LOWER PAWNEE	4281	4288	



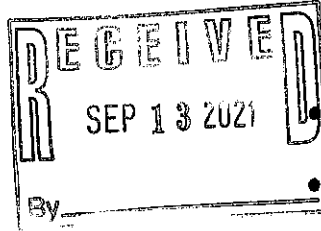
P. O. Box 466
 Ness City, KS 67560
 Off: 785-798-2300



Invoice

DATE	INVOICE #
9/8/2021	35142

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	#3	Richards	Lane		Oil	Workover	PTA	Wayne
PRICE REF.	DESCRIPTION				QTY	UM	UNIT PRICE	AMOUNT
575W	Mileage - 1 Way				50	Miles	6.00	300.00T
576W-P	Pump Charge - PTA				1	Job	1,000.00	1,000.00T
328-4	60/40 Pozmix (4% Gel)				230	Sacks	11.50	2,645.00T
290	D-Air				2	Gallon(s)	42.00	84.00T
581W	Service Charge Cement				250	Sacks	2.00	500.00T
583W	Drayage				524.38	Ton Miles	1.00	524.38T
	Subtotal							5,053.38
	Sales Tax Lane County						7.50%	379.00
We Appreciate Your Business!							Total	\$5,432.38



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

TICKET 35142

PAGE 1 OF 1

1. SERVICE LOCATIONS <u>Ness City, Ks</u>	WELL/PROJECT NO. <u>#3</u>	LEASE <u>RICHARDS</u>	COUNTY/PARISH <u>LANE</u>	STATE <u>Ks</u>	CITY	DATE <u>9-8-2021</u>	OWNER <u>same</u>
2.	TICKET TYPE <input checked="" type="checkbox"/> SERVICE <input type="checkbox"/> SALES	CONTRACTOR <u>NONE</u>	RIG NAME/NO.	SHIPPED VIA <u>CT</u>	DELIVERED TO <u>LOCATION</u>	ORDER NO.	
3.	WELL TYPE <u>OIL</u>	WELL CATEGORY <u>ABANDONED</u>	JOB PURPOSE <u>P.T.A.</u>	WELL PERMIT NO.		WELL LOCATION <u>NE/HEALY, Ks</u>	
4. REFERRAL LOCATION	INVOICE INSTRUCTIONS						

PRICE REFERENCE	SECONDARY REFERENCE/ PART NUMBER	ACCOUNTING			DESCRIPTION	QTY.		U/M		UNIT PRICE	AMOUNT	
		LOG	ACCT	DF								
<u>575</u>		<u>1</u>			MILEAGE # <u>114</u>		<u>50</u>	<u>MI</u>		<u>6.00</u>	<u>300.00</u>	
<u>576P</u>		<u>1</u>			PUMP CHARGE - <u>PTA</u>		<u>1</u>	<u>JOB</u>		<u>1000.00</u>	<u>1000.00</u>	
<u>328-4</u>		<u>1</u>			<u>60/40 P02MX (4% GEL)</u>		<u>230</u>	<u>SKS</u>		<u>11.50</u>	<u>2645.00</u>	
<u>290</u>		<u>1</u>			<u>D-ADR</u>		<u>2</u>	<u>GAL</u>		<u>42.00</u>	<u>84.00</u>	
<u>581</u>		<u>1</u>			<u>SERVICE CHARGE CEMENT</u>		<u>250</u>	<u>SKS</u>		<u>2.00</u>	<u>500.00</u>	
<u>583</u>		<u>1</u>			<u>DRAYAGE</u>		<u>20975</u>	<u>lbs</u>	<u>524.38</u>	<u>TM</u>	<u>1.00</u>	<u>524.38</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 9-8-2021 TIME SIGNED 0900 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	<u>5053.38</u>
OUR EQUIPMENT PERFORMED WITHOUT BREAKDOWN?					
WE UNDERSTOOD AND MET YOUR NEEDS?					
OUR SERVICE WAS PERFORMED WITHOUT DELAY?				<u>578</u>	
WE OPERATED THE EQUIPMENT AND PERFORMED JOB CALCULATIONS SATISFACTORILY?				<u>Rare</u>	<u>379.00</u>
ARE YOU SATISFIED WITH OUR SERVICE? <input type="checkbox"/> YES <input type="checkbox"/> NO				TOTAL	<u>5432.38</u>
<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 OIL CORP. WELL NO. 3 LEASE RICHARDS JOB TYPE PTA TICKET NO. 35142

CHART NO.	TIME	RATE (BPM)	VOLUME (BBL) (GAL)	PUMPS		PRESSURE (PSI)		DESCRIPTION OF OPERATION AND MATERIALS
				T	C	TUBING	CASING	
	0900							ON LOCATION
								5 1/2 - CDBP = 3820
								8 5/8 = 348'
								FL = 3820'
	0945	4	36		✓	0		PUMP 36 BBLs WATER (FL = 2300')
	1000	4	55		✓	500		MAX CEMENT 210 SKS - PSEUP HEAD FILL TO - SURFACE TO 2300'
	1030	1	5 1/4		✓			MAX CEMENT 20 SKS DOWN BROWHEAD
	1040					300		PSE UP - HEAD - SHUT IN
								WASH TRUCK
	1130							JOB COMPLETE
								THANK YOU WAYNE, PRESTON, BOB