

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

SWIFT



Services, Inc.

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



Invoice

DATE	INVOICE #
10/13/2021	35261

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

- Acidizing
- Cement
- Tool Rental

TERMS	Well No.	Lease	County	Contractor	Well Type	Well Category	Job Purpose	Operator
Net 30	#10	Noah	Graham	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				5	Sack(s)	35.00	175.00T
279	Bentonite Gel				15	Sack(s)	30.00	450.00T
328-4	60/40 Pozmix (4% Gel)				285	Sacks	11.50	3,277.50T
581W	Service Charge Cement				400	Sacks	2.00	800.00T
583W	Drayage				968	Ton Miles	1.00	968.00T
	Subtotal							7,120.50
	Sales Tax Graham County						7.50%	534.04
We Appreciate Your Business!							Total	\$7,654.54



CHARGE TO: QUANTION OIL & Gas
 ADDRESS
 CITY, STATE, ZIP CODE

TICKET 35261

LEASE # 10 CONTRACTOR Express RIG NAME/NO. GRAHAM STATE KS CITY QUANTION DELIVERED TO QUANTION DATE 10/13/21 OWNER

PAGE 1 OF

PRICE REFERENCE	SECONDARY REFERENCE/ PART NUMBER	ACCOUNTING LOC ACCT DF	DESCRIPTION	QTY.	UNIT	PRICE	AMOUNT
575			MILEAGE TRAVEL # 111	410	mi	6.00	2460.00
574P			PUMP CHARGE - PTA	1	EA	1200.00	1200.00
290			D-AIR	5	bar	42.00	210.00
275			COMMON SEED HULLS	5	bx	35.00	175.00
279			BENTONITE GEL	15	bx	30.00	450.00
328-d			60/40 Pozmix 4% Gel	285	bx	11.50	3277.50
581			Service Charge Cement	400	bx	2.00	800.00
583			Drayage	968	tm	1.00	968.00
			REMIT PAYMENT TO:				
			SWIFT SERVICES, INC.				
			P.O. BOX 466				
			NESS CITY, KS 67560				
			785-798-2300				
			SURVEY	AGREE	UNDECIDED	DISAGREE	PAGE TOTAL
			OUR EQUIPMENT PERFORMED WITHOUT BREAKDOWN?				7120
			WE UNDERSTOOD AND MET YOUR NEEDS?				509
			OUR SERVICE WAS PERFORMED WITHOUT DELAY?				534.04
			WE OPERATED THE EQUIPMENT AND PERFORMED JOB CALCULATIONS SATISFACTORILY?				9634.34
			ARE YOU SATISFIED WITH OUR SERVICE?	YES	NO		TOTAL
			<input type="checkbox"/> CUSTOMER DID NOT WISH TO RESPOND				9634.34

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.

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.

SWIFT OPERATOR DAVID EDGERTON APPROVAL _____

Thank You!

JOB LOG

SWIFT Services, Inc.

DATE 10/13/21	PAGE NO.
TICKET NO. 35261	

CUSTOMER		WELL NO.		LEASE		JOB TYPE		TICKET NO.	
Citation Oil & Gas		# 10		NDAH		PTA		35261	
CHART NO.	TIME	RATE (BPM)	VOLUME (BBL) (GAL)	PUMPS		PRESSURE (PSI)		DESCRIPTION OF OPERATION AND MATERIALS	
				T	C	TUBING	CASING		
	800								ON LOCATION
									2 3/8 x 5 1/2
									1st Plug @ 3800
		4.5	45			900			pump 15 sx gel
		5	13			900			pump 50 sx cmt w/ 200 # Hulls
		5	5			900			Disp
									2nd Plug @ 1900
		5	26			700			pump 100 sx cmt w/ 200 # Hulls
		5	3			700			Disp
									3rd Plug @ 900
		3	26			400			pump cmt to Circ - 100 sx w/ 100 # Hulls
		3	1			400			Disp
									T.O.H. w/ TRSG
			2			300			TOP OFF & PRESSURE 8 5/8
									- 10 SX
			6			0			TOP OFF 5 1/2 - 25 SX
									USED - 1500 # BENTONITE GEL
									500 # COTTON SEED HULLS
									285 SX CMT
									JOB COMPLETE
									THANKS
									DAVID, JOE, JOHN, MARK