KOLAR Document ID: 1596539

**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 #:                                           |                              |                              |            | API No.                                                                                                     | 15                         |                                             |  |  |  |  |
|----------------------------------------------------------------|------------------------------|------------------------------|------------|-------------------------------------------------------------------------------------------------------------|----------------------------|---------------------------------------------|--|--|--|--|
| Name:                                                          |                              |                              |            |                                                                                                             | escription:                |                                             |  |  |  |  |
| Address 1:                                                     |                              |                              | .          | Feet from North / South Line of Section                                                                     |                            |                                             |  |  |  |  |
| Address 2:                                                     |                              |                              |            |                                                                                                             |                            |                                             |  |  |  |  |
| City:                                                          | State:                       | Zip: +                       | .          | Feet from East / West Line of Section Footages Calculated from Nearest Outside Section Corner:  NE NW SE SW |                            |                                             |  |  |  |  |
| Contact Person:                                                |                              |                              |            | Footage                                                                                                     | es Calculated from Neares  | st Outside Section Corner:                  |  |  |  |  |
| Phone: ( )                                                     | none: ( )                    |                              |            |                                                                                                             |                            | SE SW                                       |  |  |  |  |
| Type of Well: (Check one)                                      |                              | OG D&A Cathodi SWD Permit #: |            | ,                                                                                                           |                            | Well #:                                     |  |  |  |  |
| ENHR Permit #:                                                 | rage Permit #:               |                              |            |                                                                                                             |                            |                                             |  |  |  |  |
| Is ACO-1 filed? Yes                                            | log attached? Yes            |                              |            |                                                                                                             | oved on: (Date)            |                                             |  |  |  |  |
| Producing Formation(s): List A                                 | ll (If needed attach another | sheet)                       |            |                                                                                                             |                            | (KCC <b>District</b> Agent's Name)          |  |  |  |  |
| Depth to                                                       | m: T.D                       |                              | Plugging   | a Commenced:                                                                                                |                            |                                             |  |  |  |  |
| Depth to                                                       | Top: Botto                   | m: T.D                       |            | I Pluaging Completed:                                                                                       |                            |                                             |  |  |  |  |
| Depth to                                                       | Top: Botto                   | m:T.D                        | '          | i iuggiiis                                                                                                  | g completed.               |                                             |  |  |  |  |
|                                                                |                              |                              |            |                                                                                                             |                            |                                             |  |  |  |  |
| Show depth and thickness of all water, oil and gas formations. |                              |                              |            |                                                                                                             |                            |                                             |  |  |  |  |
| Oil, Gas or Water                                              | Records                      |                              | Casing Re  | cord (Su                                                                                                    | urface, Conductor & Produc | tion)                                       |  |  |  |  |
| Formation                                                      | Content                      | Casing                       | Size       |                                                                                                             | Setting Depth              | Pulled Out                                  |  |  |  |  |
|                                                                |                              |                              |            |                                                                                                             |                            |                                             |  |  |  |  |
|                                                                |                              |                              |            |                                                                                                             |                            |                                             |  |  |  |  |
|                                                                |                              |                              |            |                                                                                                             |                            |                                             |  |  |  |  |
|                                                                |                              |                              |            |                                                                                                             |                            |                                             |  |  |  |  |
|                                                                |                              |                              |            |                                                                                                             |                            |                                             |  |  |  |  |
| Describe in detail the manner cement or other plugs were us    |                              | _                            |            |                                                                                                             |                            | Is used in introducing it into the hole. If |  |  |  |  |
|                                                                |                              |                              |            |                                                                                                             |                            |                                             |  |  |  |  |
| Plugging Contractor License #                                  | :                            |                              | Name:      |                                                                                                             |                            |                                             |  |  |  |  |
| Address 1:                                                     |                              |                              | Address 2: |                                                                                                             |                            |                                             |  |  |  |  |
| City:                                                          |                              |                              | ;          | State:                                                                                                      |                            | Zip:+                                       |  |  |  |  |
| Phone: ( )                                                     |                              |                              |            |                                                                                                             |                            |                                             |  |  |  |  |
| Name of Party Responsible for                                  | r Plugging Fees:             |                              |            |                                                                                                             |                            |                                             |  |  |  |  |
| State of                                                       | County, _                    |                              |            | , SS.                                                                                                       |                            |                                             |  |  |  |  |
|                                                                | ·                            |                              |            |                                                                                                             | Employee of Operator or    | Operator on above described                 |  |  |  |  |
|                                                                | (Print Name)                 |                              |            | ⊑                                                                                                           | imployee of Operator or    | Operator on above-described well,           |  |  |  |  |

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.



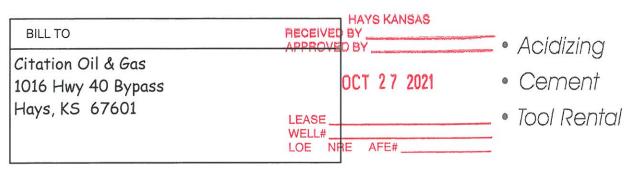
P. O. Box 466

Ness City, KS 67560

Off: 785-798-2300



| DATE       | INVOICE# |
|------------|----------|
| 10/18/2021 | 35264    |



| TERMS                                                 | Well N | o. Lease                                                                                                                            | County      | Contractor | We | II Type | W                         | ell Category                                      | Job Purpose                                                          | э | Operator                                                                                                |
|-------------------------------------------------------|--------|-------------------------------------------------------------------------------------------------------------------------------------|-------------|------------|----|---------|---------------------------|---------------------------------------------------|----------------------------------------------------------------------|---|---------------------------------------------------------------------------------------------------------|
| Net 30                                                | #8     | Morell                                                                                                                              | Graham      | Express    |    | Oil     |                           | Workover                                          | PTA                                                                  |   | David E                                                                                                 |
| PRICE                                                 | REF.   |                                                                                                                                     | DESCRIPT    | ION        |    | QTY     | ′                         | UM                                                | UNIT PRICE                                                           | А | MOUNT                                                                                                   |
| 575W<br>576W-P<br>290<br>275<br>328-4<br>581W<br>583W |        | Mileage - 1 Way Pump Charge - PTA D-Air Cotton Seed Hulls 60/40 Pozmix (4% C Service Charge Cem Drayage Subtotal Sales Tax Graham C | iel)<br>ent |            |    |         | 1<br>4<br>5<br>455<br>500 | Miles Job Gallon(s) Sack(s) Sacks Sacks Ton Miles | 6.00<br>1,000.00<br>42.00<br>35.00<br>11.50<br>2.00<br>1.00<br>7.50% |   | 240.00T<br>1,000.00T<br>168.00T<br>175.00T<br>5,232.50T<br>1,000.00T<br>1,210.00T<br>9,025.50<br>676.91 |

We Appreciate Your Business!

**Total** 

\$9,702.41



TICKET 35264

| 1 1 1 1 7                                                                                                                                                                           |                                                                                                                                             |                         | 13.02                                | CAN                 |                                                                                      |                                  |                      | (             | TONO     |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|-------------------------|--------------------------------------|---------------------|--------------------------------------------------------------------------------------|----------------------------------|----------------------|---------------|----------|
|                                                                                                                                                                                     |                                                                                                                                             | ADDRESS                 |                                      |                     |                                                                                      |                                  |                      |               |          |
| Services, Inc                                                                                                                                                                       |                                                                                                                                             | CITY, STATE, ZIP CODE   | CODE                                 |                     |                                                                                      |                                  |                      | PAGE<br>1     | OF       |
| SERVICE LOCATIONS                                                                                                                                                                   | WELL/PROJECT NO.                                                                                                                            | LEASE<br>DEASE          | 000                                  | COUNTY/PARISH       | STATE CITY                                                                           | 7                                | DATE                 | 2/2           | ØWNER    |
| 2 Ness City Ks                                                                                                                                                                      | <br>                                                                                                                                        |                         | RI                                   | RIG NAME/NO.        | SHIPPED DE                                                                           | DELIVERED TO                     | ORD                  | 2             |          |
| ယ                                                                                                                                                                                   |                                                                                                                                             | WELL CATEGORY           | GORY JOB PURPOSE                     | RPOSE               | $\rightarrow$                                                                        | WELL PERMIT NO.                  | WELL                 | WELL LOCATION |          |
| 4.                                                                                                                                                                                  | oil                                                                                                                                         |                         | 7                                    | 7-A                 |                                                                                      | 1900                             |                      |               |          |
| REFERRAL LOCATION                                                                                                                                                                   | INVOICE INSTRUCTIONS                                                                                                                        |                         | 2105                                 | 47                  |                                                                                      |                                  |                      |               |          |
| PRICE SECONDAR PART                                                                                                                                                                 | SECONDARY REFERENCE/ ACC                                                                                                                    | ACCOUNTING<br>C ACCT DF | DESCRIPTION                          | z                   |                                                                                      | QTY. U/M Q                       | QTY. U/M             | UNIT          | AMOUNT   |
| 545                                                                                                                                                                                 |                                                                                                                                             | MILEAGE                 | AGE TEL #                            |                     | 2                                                                                    | 3                                |                      | 0.09          | 240 00   |
| 1945                                                                                                                                                                                |                                                                                                                                             | 20                      | PUMP CHARGE                          | PATO -              |                                                                                      | 43                               |                      | 000           | 1000 00  |
| 290                                                                                                                                                                                 |                                                                                                                                             | M                       | O-AR                                 |                     | 4                                                                                    | 300                              |                      | 42 00         | 29       |
| 275                                                                                                                                                                                 |                                                                                                                                             | 0                       | OTTON SCEN                           | HULLS               | И                                                                                    | \$X                              |                      | 35/00         | 00 St    |
| 328-4                                                                                                                                                                               | 7                                                                                                                                           | 6                       | 0/40 Pozmix                          | 40%                 | SEC 49                                                                               | \$x                              |                      | 11 50         | 5232 50  |
| 185                                                                                                                                                                                 | 2                                                                                                                                           | 1/                      | SERVICE (+                           | JACAR IN            | 7                                                                                    | SO SX                            | _                    | 00 0          | han ov   |
| 28.3                                                                                                                                                                                | 6                                                                                                                                           | of                      |                                      |                     | 121                                                                                  |                                  |                      | ò             | 210 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 | reby acknowledges and a reverse side hereof which NT, RELEASE, INDEMNI                                                                      |                         | REMIT PAYMENT TO:                    |                     | SURVEY OUR EQUIPMENT PERFORMED WITHOUT BREAKDOWN? WE UNDERSTOOD AND MET YOUR NEFDS?  | AGREE                            | UNDECIDED DISAGREE P | PAGE TOTAL    | 2052/20  |
| MUST BE SIGNED BY CUSTOMER OR CUSTOMER'S AGENT PRIOR TO START OF WORK OR DELIVERY OF GOODS.                                                                                         | STOMER'S AGENT PRIOR TO<br>DS.                                                                                                              | SW                      | SWIFT SERVICES, INC.<br>P.O. BOX 466 |                     | OUR SERVICE WAS PERFORMED WITHOUT DELAY? WE OPERATED THE EQUIPMENT AND PERFORMED JOB | 5                                |                      | TAX S         | <u> </u> |
| NATE SIGNED                                                                                                                                                                         | TIME SIGNED                                                                                                                                 |                         | NESS CITY, KS 67560                  |                     | SATISFACTORILY?  ARE YOU SATISFIED WITH OUR SERVICE?                                 | ,                                |                      | JAMMO         | 12.01.0  |
|                                                                                                                                                                                     |                                                                                                                                             | P.M.                    |                                      |                     | ☐ CUSTOM                                                                             | CUSTOMER DID NOT WISH TO RESPOND | ESPOND               |               | 4702 41  |
| CUSTO                                                                                                                                                                               | CUSTOMER ACCEPTANCE OF MATERIALS AND SERVICES The customer hereby acknowledges receipt of the materials and services listed on this ticket. | MATERIALS AND S         | ERVICES The custom                   | ner hereby acknowle | dges receipt of the                                                                  | materials and se                 | rvices listed on     |               |          |

SWIFT-OPERATOR DAWID ENCERTON

APPROVAL

Thank You!

PAGE NO. SWIFT Services. Inc. 10/18/21 TICKET NO. JOB LOG LEASE 8 CUSTOMER WELL NO. JOB TYFE C'I TATIZON 35264 MORFL VOLUME (BBL) (GAL) PUMPS CHART RATE PRESSURE (PSI) TIME DESCRIPTION OF OPERATION AND MATERIALS (BPM) T C TUBING CASING SOD ON LOCATION st Plug @ 3800' pump 125 5x CMT w/200 # hous 5.5 33 1600 200 Plug @ 2600'
pump 100 Sx cm w/ 200 # Hues 5.5 26 1200 1200 Bro Pluge 1600'
Pump CMT to Ciec 4.5 860 150 sx ( 100 # hulls TODH W/ TOG TOP OFF 51/2 - 20 SX 0 300 USED - 415 SX CMT 500 # COTTON SEED HULLS TOP OFF McCLEURAN # 3 25 sx Down 5/2 15 sx Down 85/x