

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 #
10/19/2021	35265

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

HAYS KANSAS
 RECEIVED BY _____
 APPROVED BY _____
 OCT 27 2021
 LEASE _____
 WELL# _____
 LOE NRE AFE# _____

- Acidizing
- Cement
- Tool Rental

TERMS	Well No.	Lease	County	Contractor	Well Type	Well Category	Job Purpose	Operator
Net 30	#2	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	6	Gallon(s)	42.00	252.00T
275	Cotton Seed Hulls	5	Sack(s)	35.00	175.00T
328-4	60/40 Pozmix (4% Gel)	435	Sacks	11.50	5,002.50T
279	Bentonite Gel	9	Sack(s)	30.00	270.00T
581W	Service Charge Cement	625	Sacks	2.00	1,250.00T
583W	Drayage	1,513	Ton Miles	1.00	1,513.00T
	Subtotal				9,702.50
	Sales Tax Graham County			7.50%	727.69

We Appreciate Your Business!	Total	\$10,430.19
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CHARGE TO: CITATION OIL & GAS
 ADDRESS
 CITY, STATE, ZIP CODE

TICKET 35265

WELL/PROJECT NO. #2
 CONTRACTOR Express
 WELL CATEGORY ABANDONED
 JOB PURPOSE TRA

PAGE 1 OF

1. Hays Ks	WELL/PROJECT NO. #2	LEASE	MOBIL	COUNTY/PARISH	GOATHAM	STATE	KS	CITY	DELIVERED TO	LOCATION	DATE	10/19/21	OWNER
2. Ness City Ks	TICKET TYPE	CONTRACTOR	Express	RIG NAME/NO.		SHIPPED	W/ET				ORDER NO.		
3.	SALES					WELL PERMIT NO.							
4.	WELL TYPE	WELL CATEGORY	ABANDONED	JOB PURPOSE	TRA								
	INVOICE INSTRUCTIONS												

PRICE REFERENCE	SECONDARY REFERENCE/ PART NUMBER	ACCOUNTING			DESCRIPTION	MILEAGE	QTY.	UM	UNIT PRICE	AMOUNT
		LOC	ACCT	DF						
575					MILEAGE TAX # 111	40	mi	6.00	240.00	
576P					PUMP CHARGE PTA	1	PA	1000.00	1000.00	
290					D-AIR	6	bar	42.00	252.00	
275					COTTON SEED HULLS	5	bx	35.00	175.00	
328-4					60/40 Pozmix 40% Gel	435		11.50	5002.50	
279					BEAUMONT GEL	9	5x	30.00	270.00	
581					Service Charge CMT	625	5x	2.00	1250.00	
583					Drayage	1513	tn	1.00	1513.00	

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 _____ TIME SIGNED _____ A.M. P.M.

REMIT PAYMENT TO:
 SWIFT SERVICES, INC.
 P.O. BOX 466
 NESS CITY, KS 67560
 785-798-2300

SURVEY

OUR EQUIPMENT PERFORMED WITHOUT BREAKDOWN?	AGREE	UNDECIDED	DISAGREE
WE UNDERSTOOD AND MET YOUR NEEDS?			
OUR SERVICE WAS PERFORMED WITHOUT DELAY?			
WE OPERATED THE EQUIPMENT AND PERFORMED JOB CALCULATIONS SATISFACTORILY?			
ARE YOU SATISFIED WITH OUR SERVICE?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
	<input type="checkbox"/> CUSTOMER DID NOT WISH TO RESPOND		

PAGE TOTAL 9702.50

TOTAL 10430.19

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

SWIFT OPERATOR _____ APPROVAL _____

Thank You!

JOB LOG

SWIFT Services, Inc.

DATE 10/19/21	PAGE NO.
TICKET NO. 35265	

CUSTOMER Citation		WELL NO. # 2		LEASE NOAH		JOB TYPE PTA		TICKET NO. 35265	
CHART NO.	TIME	RATE (BPM)	VOLUME (BBL) (GAL)	PUMPS		PRESSURE (PSI)		DESCRIPTION OF OPERATION AND MATERIALS	
				T	C	TUBING	CASING		
	1000								ON LOCATION
									2 3/8 x 5 1/2
									1st Plug @ 3600
		5.5	13			400			pump 50 sx cmt w/ 200# HULLS
		5.5	8			400			Disp
									2nd Plug @ 3400
		4	27			900			pump 900# gel
		5.5	6			1100			pump 25 sx cmt w/ 100# HULLS
		5.5	5			1100			Disp
									3rd plug @ 2250
		5.5	13			800			pump 50 sx cmt w/ 200# HULLS
		5.5	3			800			Disp
									4th Plug @ 1750
			45						pump 175 sx to circ out 5 1/2
									- CLOSE VALVE ON 5 1/2 TO
									circ out 8 5/8
			26						Pump 100 sx to circ out 8 5/8
									DID NOT GET A BLOW
									T.D.O.H w/ TBG
			2			0			TOP OFF 8 5/8 - 10 sx cmt
									- Flowing up From Ground
									TOP OFF 5 1/2 - 25 sx
									USED - 435 sx cmt
									9 sx gel
									500 lbs Cotton SEED HULLS

THANKS

DAVID, JOE, JOHN, MARK,