

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 #
11/15/2021	34085

BILL TO	<p>RECEIVED BY _____</p> <p>APPROVED BY _____</p> <p>NOV 22 2021</p> <p>LEASE _____</p> <p>WELL# _____</p> <p>LOE _____ NRE _____ AFE# _____</p>
<p>Citation Oil & Gas</p> <p>1016 Hwy 40 Bypass</p> <p>Hays, KS 67601</p>	

- Acidizing
- Cement
- Tool Rental

TERMS	Well No.	Lease	County	Contractor	Well Type	Well Category	Job Purpose	Operator
Net 30	#5	Morel	Rooks	Express	Oil	Workover	PTA	David E

PRICE REF.	DESCRIPTION	QTY	UM	UNIT PRICE	AMOUNT
575W	Mileage - 1 Way	45	Miles	6.00	270.00T
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	6	Sack(s)	35.00	210.00T
328-4	60/40 Pozmix (4% Gel)	675	Sacks	11.50	7,762.50T
581W	Service Charge Cement	750	Sacks	2.00	1,500.00T
583W	Drayage	1,362	Ton Miles	1.00	1,362.00T
	Subtotal				12,356.50
	Sales Tax Rooks County			7.00%	864.96

We Appreciate Your Business!

Total \$13,221.46



CHARGE TO: CITATION OIL & GAS
 ADDRESS
 CITY, STATE, ZIP CODE

TICKET 34085

PAGE 1 OF

SERVICE LOCATIONS 1. <u>HAYS KS</u>	WELL/PROJECT NO. # <u>S</u>	LEASE <u>MOREL</u>	COUNTY/PARISH <u>ROCKS</u>	STATE <u>KS</u>	CITY	OWNER
2. <u>Ness City KS</u>	TICKET TYPE <input type="checkbox"/> SERVICE <input checked="" type="checkbox"/> SALES	CONTRACTOR <u>Express</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>PTA</u>	WELL LOCATION		
4.	INVOICE INSTRUCTIONS					

PRICE REFERENCE	SECONDARY REFERENCE/ PART NUMBER	ACCOUNTING		DESCRIPTION	QTY. U/M			UNIT PRICE	AMOUNT
		LOC	ACCT		DF	QTY.	U/M		
575					45	Mi		6.00	270.00
576P				MILEAGE TAX # 111	1	FA		1000.00	1000.00
290				PUMP CHARGE - PTA	6	Gal		42.00	252.00
275				COTTON SEED HULLS	6	bu		35.00	210.00
328-4				60/40 Pozmic 4% Gal	675	bu		11.50	7712.50
581				SERVICE CHARGE CMT	750	bx		2.00	1500.00
583				DRAYAGE	1362	TM		1.00	1362.00

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 PERFORMED WITHOUT BREAKDOWN?
 WE UNDERSTOOD AND MET YOUR NEEDS?
 OUR SERVICE WAS PERFORMED WITHOUT DELAY?
 WE OPERATED THE EQUIPMENT AND PERFORMED JOB SATISFACTORILY?
 ARE YOU SATISFIED WITH OUR SERVICE?
 YES NO CUSTOMER DID NOT WISH TO RESPOND

PAGE TOTAL 12356.80
 TOTAL 13221.40

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

SWIFT OPERATOR DAVID GARLSON APPROVAL

Thank You!