

**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**



CHARGE TO: **Brehm Asset Management**  
 ADDRESS  
 CITY, STATE, ZIP CODE

TICKET  
**34026**

WELL/PROJECT NO. **2-27**  
 CONTRACTOR **White Knight Drlg**  
 LEASE **Seib**  
 COUNTY/PARISH **Ness**  
 RIG NAME/NO.

PAGE **1** OF **1**

1. <b>Ness City, KS</b>	WELL TYPE <input checked="" type="checkbox"/> SERVICE <input type="checkbox"/> SALES	CONTRACTOR	LEASE	COUNTY/PARISH	STATE	CITY	DATE	OWNER
2.					<b>KS</b>	<b>Bazine</b>	<b>12-31-2021</b>	
3.	WELL TYPE <b>Oil</b>	WELL CATEGORY <b>Development</b>	JOB PURPOSE <b>Surface Pipe</b>	SHIPPED VIA <b>CT</b>	DELIVERED TO <b>Location</b>	WELL PERMIT NO.	WELL LOCATION <b>Bazine, 3-E, 12-5</b>	
4.	INVOICE INSTRUCTIONS		REFERRAL LOCATION		E-INTD			

PRICE REFERENCE	SECONDARY REFERENCE/ PART NUMBER	ACCOUNTING LOC ACCT DF	DESCRIPTION	QTY.	U/M	UNIT PRICE	AMOUNT
575		1	MILEAGE T-k # 115	35	mi	6.00	210.00
5765		1	Pump Charge - Surface	1	job	1000.00	1000.00
325		1	Standard CMT	165	skt	14.00	2310.00
279		1	Bentonite Gel	3	skt	30.00	90.00
278		1	Calcium Chloride	8	skt	40.00	320.00
290		1	D-Air	2	gal	42.00	84.00
581		1	Service charge	1		200.00	330.00
582		1	Drainage - (minimum)	1		3000.00	3000.00

**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.

A.M.  
 P.M.

DATE SIGNED **12-31-2021** TIME SIGNED **6:00**

**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 **1**

TOTAL **4914.00**

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

SWIFT OPERATOR **Gabeen Fuchs** APPROVAL

Thank You!

JOB LOG

SWIFT Services, Inc.

DATE 12-31-2022 PAGE NO. 1

CUSTOMER Brehm Asset Management WELL NO. 2-27 LEASE Seib JOB TYPE Surface Pipe TICKET NO. 34026

CHART NO.	TIME	RATE (BPM)	VOLUME (BBL) (GAL)	PUMPS		PRESSURE (PSI)		DESCRIPTION OF OPERATION AND MATERIALS
				T	C	TUBING	CASING	
	0430							ON LOCATION 8 5/8" 23161/6
								RTD: 266' TP: 266'
	0640							START 8 5/8" Csg in well
	0715							Break Circulation
	0720	4	5		✓	200		Pump 5bbl H <sub>2</sub> O Spacer
	0725	4	40		✓	200		Mix 165 sks of Standard Cement @ 14.7 ppg
	0735	4	0		✓	100		Begin Displacement
		4	12.5		✓	300		* Circulate CMT to Surface * [15 sks]
	0745	-	16		✓	200		KO Pump * Shut in * - Release PSI * Hold *
	0800							Wash up Trk # 115
	0830							Job Complete
								165 sks of STANDARD 2% gel, 3% CC Cement used * 15 sks to the Pit
								Thanks!
								Gideon, Preston, Shawn, Mark



CHARGE TO: **BREEM ASSET MANAGEMENT**  
 ADDRESS  
 CITY, STATE, ZIP CODE

TICKET **34068**

PAGE 1 OF 1

SERVICE LOCATIONS  
 1. **Ness City, KS** WELL/PROJECT NO. **2-271** LEASE **SE2B** COUNTY/PARISH **NESS** STATE **KS** CITY **NESS** DATE **1-8-2022** OWNER **same**

2. TICKET TYPE  SERVICE CONTRACTOR **WAGE KURTZ Dole** RIG NAME/NO. **NESS** SHIPPED VIA **CT** DELIVERED TO **LOCATION** ORDER NO.

3. WELL TYPE **Oil** WELL CATEGORY **Development** JOB PURPOSE **PTA** WELL PERMIT NO. WELL LOCATION **S/BAZIDE, KS**

4. REFERRAL LOCATION INVOICE INSTRUCTIONS

PRICE REFERENCE	SECONDARY REFERENCE/ PART NUMBER	ACCOUNTING			DESCRIPTION	QTY. U/M			UNIT PRICE	AMOUNT
		LOC	ACCT	DF		QTY.	U/M	QTY.		
\$75		1			MILEAGE #112	30	ME		6.00	180.00
\$76P		1			PUMP CHARGE - PTA	1	JOB		1000.00	1000.00
410		1			TOP PLUG	1	EA	8 5/8"	130.00	130.00
328-14		1			60/40 Pozmix (4% GEL)	200	SBS		11.50	2300.00
27b		1			FLOCCULE	50	SBS		3.00	150.00
290		1			D-AIRER	3	GAL		42.00	126.00
\$81		1			SEWAGE CHARGE CEMENT	200	SBS		2.00	400.00
\$82		1			MINIMUM DAMAGE CHARGE	16840	LBS	2522.6 TM	300.00	3000.00

**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 **1-8-2022** TIME SIGNED **0130**  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?  YES  NO  
 WE UNDERSTOOD AND MET YOUR NEEDS?  YES  NO  
 OUR SERVICE WAS PERFORMED WITHOUT DELAY?  YES  NO  
 WE OPERATED THE EQUIPMENT AND PERFORMED JOB CALCULATIONS SATISFACTORILY?  YES  NO  
 ARE YOU SATISFIED WITH OUR SERVICE?  YES  NO  
 CUSTOMER DID NOT WISH TO RESPOND

PAGE TOTAL **4586.00**

TOTAL **4791.89**

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 **Frank Tots**

Thank You!

JOB LOG

SWIFT Services, Inc.

DATE 1-8-2022	PAGE NO. 1
TICKET NO. 34068	

CUSTOMER BREHM ASSET MANAGT.		WELL NO. 2-27	LEASE SEEB		JOB TYPE PTA		DESCRIPTION OF OPERATION AND MATERIALS	
CHART NO.	TIME	RATE (BPM)	VOLUME (BBL/DAY)	PUMPS		PRESSURE (PSI)		
				T	C	TUBING	CASING	
	0130							ON LOCATION
								8 5/8 = 266'
								7 7/8 = 4430'
	0830		13.2					1 <sup>ST</sup> PLUG 50 SKS CMT = 1460'
	0915		13.2					2 <sup>ND</sup> PLUG 50 SKS CMT = 570'
	0940		13.2					3 <sup>RD</sup> PLUG 50 SKS CMT = 270'
	1045		5.3					4 <sup>TH</sup> PLUG 20 SKS CMT = 60' a WOOD PLUG
	1100		8					5 <sup>TH</sup> PLUG 30 SKS CMT = RATHOLE
								WASH TRUCK
	1200							JOB COMPLETE
								THANK YOU WAYNE, GIDEON, JOHN J.