

**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: Mat Operations  
 ADDRESS  
 CITY, STATE, ZIP CODE

TICKET

34256

PAGE 1 OF 1

SERVICE LOCATIONS

1. Ness City, KS WELL/PROJECT NO. #3 LEASE OTR Outpost COUNTY/PARISH Ness STATE KS CITY  DATE 2-18-22 OWNER

2.  TICKET TYPE  SERVICE  SALES CONTRACTOR  RIG NAME/NO.  SHIPPED VIA PTA DELIVERED TO location ORDER NO.

3.  WELL TYPE  WELL CATEGORY  JOB PURPOSE PTA WELL PERMIT NO.  WELL LOCATION Ness City, KS

4.  REFERRAL LOCATION  INVOICE INSTRUCTIONS

PRICE REFERENCE	SECONDARY REFERENCE/ PART NUMBER	ACCOUNTING			DESCRIPTION	MILEAGE	QTY.		UNIT PRICE	AMOUNT
		LOC	ACCT	DF			U/M	U/M		
575					Truck 112	22 mi			6.00	132.00
576P					ump charge PTA	1 Job			1000.00	1000.00
320-4					60/110 poz mix (1/2 Gal)	235			11.50	2702.50
225					rotorhead Halls	2			35.00	70.00
290					P-15	2 gal			42.00	84.00
581					Service charge CMT	275			2.00	550.00
582					Service charge	300			1.00	300.00

**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 2-19-22 TIME SIGNED 11:30  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?  AGREE  UNDECIDED  DISAGREE

OUR SERVICE WAS PERFORMED WITHOUT DELAY?  AGREE  UNDECIDED  DISAGREE

WE OPERATED THE EQUIPMENT AND PERFORMED JOB CALCULATIONS SATISFACTORILY?  AGREE  UNDECIDED  DISAGREE

ARE YOU SATISFIED WITH OUR SERVICE?  YES  NO

PAGE TOTAL 48261.50

TAX

TOTAL

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

SWIFT OPERATOR Dave APPROVAL

Thank You!

JOB LOG

SWIFT Services, Inc.

DATE 2-2-22 PAGE NO. 1

CUSTOMER *Ma Operations* WELL NO. *#3* LEASE *BTR Dechant* JOB TYPE *PTA* TICKET NO. *34256*

CHART NO.	TIME	RATE (BPM)	VOLUME (BBL) (GAL)	PUMPS		PRESSURE (PSI)		DESCRIPTION OF OPERATION AND MATERIALS
				T	C	TUBING	CASING	
	10:30							ON location 2 1/2 - 5/2
	11:30		25		✓		300	plug back side pit 300 12 socks
	11:45	4	13	✓		200		plug int deep at 4370 ft Ballon plug 50 1/2 w/200 shells
	11:50	4	19	✓		200		displace with H <sub>2</sub> O
	12:00							pull tubing to 1500'
	13:05	4	38	✓		200		plug int to circulation
	13:20							pull out of tubing out
	14:10	5	25	✓				Top off
	14:20							wash truck
								Job Complete Thanks! Rector, Kirby, Rudy
								125 socks 60/100 per 420 gal used 10 socks pit