

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

Form CP-4
March 2009

Type or Print on this Form
Form must be Signed
All blanks must be Filled

WELL PLUGGING RECORD
K.A.R. 82-3-117

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: Brahm Asset Management
 ADDRESS
 CITY, STATE, ZIP CODE

TICKET 34235
 PAGE 1 OF 1
 OWNER

WELL/PROJECT NO. 22-3 LEASE Suppes COUNTY/PARISH Scott STATE KS CITY Location DATE 4-6-2022
 RVICE LOCATIONS Ness City, KS TICKET TYPE SALES CONTRACTOR Professional Wellbys LLC RIG NAME/NO. CT SHIPPED VIA CT DELIVERED TO Location ORDER NO. 5-11111
 WELL TYPE Oil WELL CATEGORY Workover JOB PURPOSE Plug to Abandon WELL PERMIT NO. WELL LOCATION Craigley, G-5, 3/8-11
 INVOICE INSTRUCTIONS

PRICE REFERENCE	SECONDARY REFERENCE/ PART NUMBER	ACCOUNTING LOC	ACCT	DF	DESCRIPTION	QTY.		UNIT		AMOUNT	
						U/M	U/M	PRICE			
576					MILEAGE Trk #115			55	mi	6.00	330.00
576P					Pump Change - PTA			1	job	1,000.00	1,000.00
288-4					CO/14D Remix 4 1/2 gal			245	lbs	11.00	2817.00
276					Cotton Seed Hald			3	lbs	35.00	105.00
190					D-Air			5	gal	42.00	210.00
581					Cement Service Charge			2	00	500.00	500.00
583					Drayage			22,000	lbs	606.71	606.71
REMIT PAYMENT TO:						SURVEY		AGREE	DISAGREE	PAGE TOTAL	
SWIFT SERVICES, INC.						OUR EQUIPMENT PERFORMED WITHOUT BREAKDOWN?				1	
P.O. BOX 466						WE UNDERSTOOD AND MET YOUR NEEDS?				5667	
NESS CITY, KS 67560						OUR SERVICE WAS PERFORMED WITHOUT DELAY?				2	
785-798-2300						WE OPERATED THE EQUIPMENT AND PERFORMED JOB CALCULATIONS SATISFACTORILY?				1	
ARE YOU SATISFIED WITH OUR SERVICE?						YES		NO		TOTAL	
CUSTOMER DID NOT WISH TO RESPOND										6040 14	

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.

LIST BE SIGNED BY CUSTOMER OR CUSTOMER'S AGENT PRIOR TO PART OF WORK OR DELIVERY OF GOODS.

DATE SIGNED 4-5-2022 TIME SIGNED 1:30 A.M. P.M.

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

APPROVAL Paul

Thank You!

SWIFT Services, Inc.

PART NO.	TIME	RATE (BPM)	VOLUME (BBL) (GAL)	PUMPS		PRESSURE (PSI)		DESCRIPTION OF OPERATION AND MATERIALS
				T	C	TUBING	CASING	
1030								ON LOCATION 2 3/8" x 4 1/2" TP: 4,600'
	1100	3	8	✓		500		Pump 30 sks w/ 1 sk of Halk @ 4,600'
		3	14	✓		500		Displace Cement Pull 70 JTs
	1230	1/2	8	✓		300		Plug BS w/ 30 sks
	1246	3	43	✓		600		Mix 165 sks @ 13.1 ppg * Circulate CMT to Surface *
								TOH
	1415	1/2	5	✓		0		Top off 4 1/2" Csg w/ 20 sks
	1430							Wash up Trk # 115
	1500							Job Complete
								245 sks of 60/40 Permox 4% gel mixed @ 13.1 ppg used
								Thanks!
								Gudeon, Mark John