

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: MAI 01 Operations
 ADDRESS
 CITY, STATE, ZIP CODE

TICKET 34341

PAGE 1 OF 1

SERVICE LOCATIONS
Ness City KS

WELL/PROJECT NO. 5-1 LEASE Wildcat COUNTY/PARISH Ness STATE KS CITY
 TICKET TYPE SERVICE SALES CONTRACTOR CTB Well Service RIG NAME/NO.
 WELL TYPE 0.1 WELL CATEGORY Workover JOB PURPOSE Plug to Abandon DELIVERED TO CT Location
 REFERRAL LOCATION INVOICE INSTRUCTIONS

PRICE REFERENCE	SECONDARY REFERENCE/ PART NUMBER	ACCOUNTING			DESCRIPTION	QTY.	UM	QTY.	UM	UNIT PRICE	AMOUNT
		LOC	ACCT	DF							
575					MILEAGE			20	mi	7.00	140.00
576P					Ramp Charge - 171)			1	job	1100.00	1100.00
328-4					60/44 Rotomix 4 1/2 gal			235	sk	12.00	2937.00
275					Cotton Seed Milk			2	sk	35.00	70.00
290					D-Air			3	gal	42.00	126.00
581					Generat Service Charge			300	sk	2.00	600.00
582					Days - Premium Charge			1	job	350.00	350.00

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

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

SURVEY

OUR EQUIPMENT PERFORMED WITHOUT BREAKDOWN?

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? YES NO

CUSTOMER DID NOT WISH TO RESPOND

PAGE TOTAL 1 5,323.00

TAX
 TOTAL

DATE SIGNED 5/6/2022 TIME SIGNED 2:30 A.M. P.M.

WIFT OPERATOR [Signature] APPROVAL

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

Thank You!

JOB LOG

SWIFT Services, Inc.

DATE PAGE NO.

5/19/2022 1

CUSTOMER: Max Oil Operations WELL NO.: 5-1 LEASE: Wildcat JOB TYPE: Plug to Abandon TICKET NO.: 34341

CHART NO.	TIME	RATE (BPM)	VOLUME (BBL) (GAL)	PUMPS		PRESSURE (PSI)		DESCRIPTION OF OPERATION AND MATERIALS
				T	C	TUBING	CASING	
	0930							ON Location 2 1/8 x 5 1/2"
								TP 4330
	1030	1/2	4		✓		150	Plug 8 1/8 w/ 15 sks
	1045	3 1/2	13	✓	✓	50	50	Mix 50 sks w/ 150 ^H of Halls @ 13.1 ppg @ 4.330
		3 1/2	20	✓			125	Displace Cement Pull 90 Jts
	1230	3 1/2	40	✓		200		Mix 150 sks @ 1450 * Circulate CMT to Surface TOH
	1330							Top off 5 1/2" w/ 20 sks
	1340							Wash up TR #115
	1415							Job Complete
								235 sks of 60/40 Perm 4% gel + 2 sks of Cotton Seed Halls
								Thanks
								Gordon MARK JOHN