

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



SWIFT
Services, Inc.

TICKET 35410

PAGE 1 OF 1

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

SERVICE LOCATIONS

1. *Haysville*
2. *Ness City, KS*
3.
4.

WELL/PROJECT NO. #7
LEASE *D+R Doherty*
COUNTY/PARISH *Ness*
STATE *KS*
CITY
WELL TYPE SERVICE SALES
CONTRACTOR *C+T*
RIG NAME/NO.
WELL CATEGORY *Workover*
JOB PURPOSE *Plug To Abandon*
WELL PERMIT NO.WELL LOCATION

INVOICE INSTRUCTIONS

PRICE REFERENCE	SECONDARY REFERENCE/ PART NUMBER	ACCOUNTING			DESCRIPTION	QTY.	UM	QTY.	UM	UNIT PRICE	AMOUNT
		LOC	ACCT	DF							
575					MILEAGE #113	20	mi			7.00	140.00
571.8					Pump Charge - PTA	1	EA			1100.00	1100.00
298					D-Air	5	gal			42.00	210.00
375					Collar Suck Shells	2	hrs			35.00	70.00
328.4					LD/HD Pozmix (4% Gr1)	250	gals			12.50	3125.00
581					Service Charge Permit	350	hrs			2.00	700.00
582					Neoprene Minimum Charge	1	EA			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

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

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 5,595.00

TAX

TOTAL

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

SWIFT OPERATOR *[Signature]* APPROVAL

Thank You!

JOB LOG

SWIFT Services, Inc.

DATE PAGE NO.

05/11/22 1

CUSTOMER: *The Oil Operations* WELL NO.: *# 2* LEASE: *D+R Dechant* JOB TYPE: *PTA* TICKET NO.: *35410*

CHART NO.	TIME	RATE (BPM)	VOLUME (BBL) (GAL)	PUMPS		PRESSURE (PSI)		DESCRIPTION OF OPERATION AND MATERIALS
				T	C	TUBING	CASING	
	0950							On location, set up trucks
								2 7/8" x 5 1/2"
	10						300	R 5/8" - Pressured up w/ 5 SKS, 300 PSI
	10 25							1st Plug - 11360'
		1 1/2	13			1100		Mix & Pump 50 SKS cont w/ 150# bulks
		1 1/2	3			1100		Displace w/ water
								2nd Plug - 1490'
	1200	5	2			1000		Mix & Pump (remaint until it)
	1210		40			600		Circulates to surface - 190 SKS
								Cont Circulated
								Trip out
	1245	1/2	11					Top off 5 1/2" w/ 15 SKS
	1315							Wash up Wash tubing Pack up
	1330							Job Complete Thanks
								Joni, Joe, Dusty