

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



TICKET 34324

CHARGE TO: *Stewart Producers*
 ADDRESS
 CITY, STATE, ZIP CODE

PAGE 1 OF 1

SERVICE LOCATIONS
 1. *Ness City*
 2.
 3.
 4.

WELL PROJECT NO. *#1-35*
 TICKET TYPE SERVICE SALES
 CONTRACTOR *Pickard*
 WELL TYPE *oil*
 INVOICE INSTRUCTIONS

LEASE *Foss Trust*
 COUNTY/PARISH *Ness*
 RIG NAME/NO.
 JOB PURPOSE *PTA*

STATE *KS*
 CITY
 DELIVERED TO *location*
 WELL PERMIT NO.

DATE *4-13-22*
 ORDER NO.
 WELL LOCATION *Ness City 3-N, 1-5 1-N, 1-5 3-N, E146*

PRICE REFERENCE	SECONDARY REFERENCE/PART NUMBER	ACCOUNTING		DESCRIPTION	QTY.	U/M	QTY.	U/M	UNIT PRICE	AMOUNT
		LOC	ACCT							
<i>575</i>		<i>1</i>			<i>12</i>	<i>mi</i>			<i>6.00</i>	<i>60.00</i>
<i>576P</i>		<i>1</i>		<i>Pump charge - PTA</i>	<i>1</i>	<i>job</i>			<i>1000.00</i>	<i>1000.00</i>
<i>328-4</i>		<i>1</i>		<i>60/40 Pozmix (490gal)</i>	<i>230</i>	<i>SK</i>			<i>11.50</i>	<i>2645.00</i>
<i>276</i>		<i>1</i>		<i>Floccle</i>	<i>60</i>	<i>lb</i>			<i>3.00</i>	<i>180.00</i>
<i>290</i>		<i>1</i>		<i>0-Air</i>	<i>2</i>	<i>gal</i>			<i>42.00</i>	<i>84.00</i>
<i>581</i>		<i>1</i>		<i>CMT Service charge</i>	<i>230</i>	<i>SK</i>			<i>2.00</i>	<i>460.00</i>
<i>582</i>		<i>1</i>		<i>min. Drayage</i>	<i>19363</i>	<i>lls</i>	<i>68</i>	<i>Tm</i>	<i>300.00</i>	<i>300.00</i>

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

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

PAGE TOTAL *4729.00*
 TOTAL *4918.09*

SWIFT OPERATOR *Preston Moore* APPROVAL
 Thank You!

JOB LOG

SWIFT Services, Inc.

DATE 4-13-22 PAGE NO. 1

CUSTOMER Stewart WELL NO. #1-34 LEASE Food Trust JOB TYPE PTA TICKET NO. 34324

CHART NO.	TIME	RATE (BPM)	VOLUME (BBL) (GAL)	PUMPS		PRESSURE (PSI)		DESCRIPTION OF OPERATION AND MATERIALS
				T	C	TUBING	CASING	
	18:15							DN location Rotary plug 4 1/2" DP 7 7/8 O.H.
	19:00	4	13	✓		200		1 st plug at 1720' mix 50 SKS displace 5 h ₂ O & 16 mud
	19:45	4	21	✓		200		2 nd plug at 970' mix 80 SKS displace 8 bbl h ₂ O
	20:20	4	13	✓		150		3 rd plug at 340' mix 50 SKS displace 1.5
	21:30	4	5	✓		-0-		4 th plug at 60' 20 SKS mixed
	21:40	3 4	8	✓		-0-		plug Rathole with 30 SKS
	21:50							Wash Truck
	22:00							Job Complete Thanks! Proster, Kirby, Isaac
								40 SKS 230 SKS 60/40 permix used 4% Gel Yell Flocc