KOLAR Document ID: 1658711

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 #:			APIN	No. 15	
Name:					
Address 1:				Sec	
				Feet fron	
City:	State	:		Feet fron	
Contact Person:			Foota	ages Calculated from Nea	rest Outside Section Corner:
Phone: ()				NE NW	SE SW
Water Supply Well	Other:	ell OG D&A Ca SWD Permit #: as Storage Permit #: is well log attached? Yes	Lease Date	e Name:	Well #: (Date)
Producing Formation(s):	List All (If needed attach a	another sheet)	by:		(KCC District Agent's Name)
De	epth to Top:	Bottom: T.D	Plugo	ring Commenced:	
De	epth to Top:	Bottom: T.D	"	, ,	
De	epth to Top:	Bottom:T.D		,g • •p. • . • . • . • . • . • . • .	
	ss of all water, oil and gas	s formations.			
	Water Records			(Surface, Conductor & Prod	
Formation	Content	Casing	Size	Setting Depth	Pulled Out
		plugged, indicating where the			nods used in introducing it into the hole. If
Plugging Contractor Lice	ense #:		Name:		
Address 1:			Address 2:		
City:			State	:	
Name of Party Responsi	ible for Plugging Fees:				
State of	Co	unty,	, SS.		
				Employee of Operator of	or Operator on above-described well,
	(Print Na			=mpio, so oi operator o	operator on above described well,

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.



P. O. Box 466

Ness City, KS 67560

Off: 785-798-2300



Invoice

DATE	INVOICE#
7/26/2022	35537

BILL TO

Citation Oil & Gas 1016 Hwy 40 Bypass Hays, KS 67601

- Acidizing
- Cement
- Tool Rental

TERMS	Well N	o. Lease	County	Contractor	We	II Type	We	ell Category	Job Purpose	Operator
Net 30	#4-12	Wieland Unit	Ellis	Express		INJ		Workover	PTA	David E
PRICE	REF.		DESCRIPT	TON		QTY	1	UM	UNIT PRICE	AMOUNT
575W 576W-P 290 275 328-4 581W 583W		AFE #220439 Mileage - 1 Way Pump Charge - PTA D-Air Cotton Seed Hulls 60/40 Pozmix (4% 6 Service Charge Cen Drayage Subtotal SWD &/Or InJectio	Gel) nent	From Sales Tax		1	1 4 2 325 700	Miles Job Gallon(s) Sack(s) Sacks Sacks Ton Miles	7.00 1,100.00 42.00 35.00 12.50 2.00 1.00	210.00T 1,100.00T 168.00T 70.00T 4,062.50T 1,400.00T 1,695.00T 8,705.50 0.00

We Appreciate Your Business!

Total

\$8,705.50



			ADDRESS
SAG	&	8/	Citation
7			ARGE TO:

CITY, STATE, ZIP CODE

35

2000	
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	No.

(() = + () () by his eve	8				
SERVICE AGCATIONS	WELL/PROJECT NO.	LEASE COUNTY/PARISH	STATE CITY	DATE OWNER	A
2 Ness City Ks	TICKET TYPE CONTRACTOR □ SERVICE □ SALES	i j	SHIPPED DELIVERED TO	ORDER NO.	
4.	WELL TYPE	WELL CATEGORY JOB PURPOSE	WELL PERMIT NO.	WELL LOCATION	
REFERRAL LOCATION	INVOICE INSTRUCTIONS	AFE # 220439			
PRICE SECONDARY REFERENCE PART NUMBER	REFERENCE/ ACCOUNTING LOC ACCT 1	DESCRIPTION	QTY. U/M QTY. U/M	UNIT	AMOUNT
575		MILEAGE TRUE # ///	30 m	200 th	00 010
9765		Pump Charge - PT	1.80	1100 00 11	80 OO!
290		1-40	4. 60	1, 00 2/	8 81
255		Coffon Sees Hull	S SX	3500	80 00
328-4		bof the pomix to	325 Sx	12 so 4	262 00
587		Service Charge	mr 700 8x	20 /2	00
583		Drage ge	1695 m	100/	295to
					+ +
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 BELEASE INDEMNITY and	y acknowledges and agrees erse side hereof which includ	REMIT PAYMENT TO:	SURVEY AGREE UNDECIDED DISAGREE WITHOUT BREAKDOWN?	PAGE TOTAL	870578
LIMITED WARRANTY provisions.		SWIFT SERVICES, INC.	MET YOUR NEEDS? OUR SERVICE WAS PERFORMED WITHOUT DELAY?		
MUS; BE SIGNED BY CUSTOMER OR CUSTOMER'S AGENT PRIOR TO START OF WORK OR DELIVERY OF GOODS.	MER'S AGENT PRIOR TO	P.O. BOX 466 NESS CITY, KS 67560	WE OPERATED THE EQUIPMENT AND PERFORMED JOB CALCULATIONS SATISFACTORILY?	Smakani	4
DATE SIGNED TIN	TIME SIGNED		ARE YOU SATISFIED WITH OUR SERVICE? CUSTOMER DID NOT WISH TO RESPOND	TOTAL	SNUS 50
CUSTOME	R ACCEPTANCE OF MATER	CUSTOMER ACCEPTANCE OF MATERIALS AND SERVICES The customer hereby acknowledges receipt of the materials and services listed on this ticket.	edges receipt of the materials and services list	-	
AULT OPERATOR					

SWIFT OPERATOR

ACENTAPPROVAL

Thank You!

SWIFT Services. Inc. 7-26-22 TICKET NO. JOB LOG WELL NO./ CUSTOMER DILLEGAS Wielpus Unit PRESSURE (PSI) VOLUME TIME DESCRIPTION OF OPERATION AND MATERIALS (BBL) (GAL) TUBING CASING 900 On location 10 BBI WAR TO GET RATE 900 Jos Complete USFA- 325 SX CMT 200 # Coffon Sees Hulls Thanks Dairs, SeTH & Wayne

PAGE NO.