

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



P. O. Box 466
 Ness City, KS 67560
 Off: 785-798-2300



Invoice

DATE	INVOICE #
8/2/2022	35542

BILL TO
Vincent Oil Corporation 200 W. Douglas, Ste 725 Wichita, KS 67202

- Acidizing
- Cement
- Tool Rental

TERMS	Well No.	Lease	County	Contractor	Well Type	Well Category	Job Purpose	Operator
Net 30	#1	Harvey	Graham	Fritzler	Oil	Workover	PTA	David E
PRICE REF.	DESCRIPTION				QTY	UM	UNIT PRICE	AMOUNT
576W-P	Pump Charge - PTA				1	Job	1,100.00	1,100.00T
290	D-Air				5	Gallon(s)	42.00	210.00T
275	Cotton Seed Hulls				6	Sack(s)	35.00	210.00T
279	Bentonite Gel				7	Sack(s)	40.00	280.00T
328-4	60/40 Pozmix (4% Gel)				385	Sacks	12.50	4,812.50T
581W	Service Charge Cement				425	Sacks	2.00	850.00T
583W	Drayage				1,028	Ton Miles	1.00	1,028.00T
	Subtotal							8,490.50
	Sales Tax Graham County						7.50%	636.79
We Appreciate Your Business!							Total	\$9,127.29



CHARGE TO: Uncert Bil Beer

TICKET 35542

ADDRESS
CITY, STATE, ZIP CODE

PAGE 1 OF 1

SERVICE LOCATIONS: Days KS
Ness City KS
 3. WELL TYPE: 271 CONTRACTOR: Leister RIG NAME/NO.: Grattan STATE: KS CITY: Grattan DATE: 8-2-22 OWNER: Grattan
 4. REFERRAL LOCATION: INVOICE INSTRUCTIONS WELL CATEGORY: Water JOB PURPOSE: Pro DELIVERED TO: LOCATION ORDER NO.:
 WELL PERMIT NO.: WELL LOCATION:

PRICE REFERENCE	SECONDARY REFERENCE/ PART NUMBER	ACCOUNTING LOC ACCT DF	DESCRIPTION	MILEAGE		QTY.		UNIT PRICE	AMOUNT
				QTY.	U/M	QTY.	U/M		
576P			Pump Charge - Pro	1	EA			1100	00
290			D-Mix	5	BAR			42	00
275			Cotton Seed Hulls	6	5X			35	00
229			Bentonite Gel	7	5X			40	00
328-4			60/46 Pozmix 40/40 gel	385	5X			12	50
581			Service Charge Cmt	435	5X			2	00
583			Drainage	1028	PM			1	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.

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

SWIFT OPERATOR: Davis Escobedo APPROVAL: _____

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: Grattan TOTAL: 9129.89

Thank You!

JOB LOG

SWIFT Services, Inc.

DATE
8-2-22

PAGE NO.

CUSTOMER		WELL NO.		LEASE		JOB TYPE		TICKET NO.	
Vincent Oil		# 1		Harvey		PWA		35542	
CHART NO.	TIME	RATE (BPM)	VOLUME (BBL) (GAL)	PUMPS		PRESSURE (PSI)		DESCRIPTION OF OPERATION AND MATERIALS	
				T	C	TUBING	CASING		
									2 3/8 x 5 1/2
		5	21			0			1st Plug @ 3325
		5	28			0			Mix 7 sx gel
		5	8			0			Mix 110 sx cmt w/ 300# hulls
									Disp
		5	26			0			2nd Plug @ 1898
		5	5			0			Mix 100 sx cmt w/ 300# Hulls
									Disp
									3rd Plug @ 915
									Mix 150 sx to circ to surf
									T.O.H w/ YBL
									8 5/8 - VISUALLY HAS CMT IN HOLES
									Top off 5 1/2 - 25 sx
									Job Complete
									THANKS
									DAVID, SETH, ISAAC & JOHN
									385 sx cmt
									600# Cotton Seed Hulls
									700# Bentonite GEL