

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.

(Print Name) ☐ Employee of Operator or ☐ 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.

Submitted Electronically



CHARGE TO: Case Oil Co
ADDRESS
CITY, STATE, ZIP CODE

TICKET 35438

PAGE 1 OF 1

SERVICE LOCATIONS	WELL/PROJECT NO.	LEASE	COUNTY/PARISH	STATE	CITY	DATE	OWNER
1. <u>Hays, KS</u>	<u>2-27</u>	<u>Arletta</u>	<u>Lebo</u>	<u>KS</u>		<u>06/21/22</u>	<u>Sam</u>
2. <u>Ness City, KS</u>	TICKET TYPE <input checked="" type="checkbox"/> SERVICE <input type="checkbox"/> SALES	CONTRACTOR	RIG NAME/NO.	SHIPPED	DELIVERED TO	ORDER NO.	
3.	<input checked="" type="checkbox"/> SERVICE <input type="checkbox"/> SALES	<u>Discovery Drilling</u>	<u>Rig 4</u>	<u>CT</u>	<u>Location</u>		
4.	WELL TYPE <u>D.I.</u>	WELL CATEGORY <u>Development</u>	JOB PURPOSES <u>plug to Abandon</u>	WELL PERMIT NO.	WELL LOCATION		
REFERRAL LOCATION	INVOICE INSTRUCTIONS						

PRICE REFERENCE	SECONDARY REFERENCE/ PART NUMBER	ACCOUNTING			DESCRIPTION	QTY.		QTY.		UNIT PRICE	AMOUNT
		LOC	ACCT	DF		U/M	U/M	U/M	U/M		
575		1			MILEAGE # 113	30 mi				7.00	210.00
576p		1			Pump Charge - P 7A	1 EA				1100.00	1100.00
290		1			D-Air	4 gal				42.00	168.00
410		1			Top Plug - 8 5/8"	1 EA				150.00	150.00
328-4		2			60/45 Pozmix (40/10 Gal)	305 SLS				12.50	3812.50
276		2			Floacle	76 lbs				3.00	228.00
581		2			Service Charge Cement	305 SLS				2.00	610.00
583		2			Drayage	770.22 TM				1.00	770.22

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 Ryan D. Smith

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	AGREE	UNDECIDED	DISAGREE
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?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
<input type="checkbox"/> CUSTOMER DID NOT WISH TO RESPOND			

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

SWIFT OPERATOR Ryan D. Smith APPROVAL

Thank You!

CUSTOMER

Gore Oil Co

WELL NO.

2-27

LEASE

Arleta

JOB TYPE	
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OB TYPE
P.T.A.

TICKET NO.

SECRET NO.
354,38

CHART NO.	TIME	RATE (BPM)	VOLUME (BBL) (GAL)	PUMPS		PRESSURE (PSI)		DESCRIPTION OF OPERATION AND MATERIALS
				T	C	TUBING	CASING	
	1435							On location, rig laying down collars.
								RFD -
								LTD-
								1 st Plug - 4045' 50 SKS
	1615	4	10			500		Pump wtr ahead
		4	13			400		Pump Cement
		4	3½			300		Pump wtr behind
	1630							Rig Displace w/mud - 5 mins
								2 nd Plug - 1790' 50 SKS
	1735	4½	10			300		Pump wtr ahead
		4½	13			200		Pump Cement
		4½	3½					Pump wtr behind
	1750							Rig Displace w/mud - 2 min
	1825							3 rd Plug - 1020' 100 SKS
		5	5					Pump wtr ahead
		5	26					Pump Cement
	1835	5	5					Pump wtr behind
								4 th Plug - 360' - 50 SKS
	1845	5	5					Pump wtr ahead
		5	13					Pump Cement
	1850	5	2					Pump wtr behind
								5 th Plug - 40'
								Put Top Plug in 8⅝ & Push Down
	2000	2	3					Top off 8⅝ w/10 SKS
		2	7					Plug Rattokew/30 SKS
		2	4					Plug Mousehole w/15 SKS
								Wash up
								Rack Up
	2030							Job Complete Thanks Tom Joe Ireen