

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 #
8/22/2022	34498

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	#2-23	Keller	Ford	Fritzler	Oil	Workover	PTA	Preston
PRICE REF.	DESCRIPTION				QTY	UM	UNIT PRICE	AMOUNT
575W	Mileage - 1 Way				80	Miles	7.00	560.00T
576W-P	Pump Charge - PTA				1	Job	1,100.00	1,100.00T
328-4	60/40 Pozmix (4% Gel) 8/23/2022				75	Sacks	12.50	937.50T
328-4	60/40 Pozmix (4% Gel) 8/22/2022				405	Sacks	12.50	5,062.50T
275	Cotton Seed Hulls				4	Sack(s)	35.00	140.00T
290	D-Air				2	Gallon(s)	42.00	84.00T
581W	Service Charge Cement 8/22/2022				300	Sacks	2.00	600.00T
583D	Drayage 8/22/2022				1,356	Ton Miles	1.00	1,356.00
581W	Service Charge Cement 8/23/2022				95	Sacks	2.00	190.00T
582W	Minimum Drayage Charge 8/23/2022				1	Each	350.00	350.00T
576W-P	Pump Charge - PTA n 8/23/2022				1	Job	1,100.00	1,100.00T
330	Swift Multi-Density Standard (MIDCON II) 8/23/2022				20	Sacks	19.50	390.00T
	Subtotal							11,870.00
	Sales Tax Ford County						7.50%	788.55
We Appreciate Your Business!							Total	\$12,658.55



CHARGE TO: *Vincent Oil*
 ADDRESS
 CITY, STATE, ZIP CODE

TICKET 34498

PAGE 1 OF 1

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

WELL/PROJECT NO. *2-23*
 LEASE *Keller*
 COUNTY/PARISH *Ford*
 CITY
 STATE *KS*
 SHIPPED VIA *WT*
 DELIVERED TO *location*
 ORDER NO. *8-22-22*
 DATE *8-22-22*
 OWNER

TICKET TYPE
 SERVICE SALES
 CONTRACTOR *Fritzer*

WELL TYPE, *Oil*
 WELL CATEGORY *Workover*
 JOB PURPOSE *PTA*
 WELL PERMIT NO.

WELL LOCATION *Ford 1-N, 2-4*
3-5 Hwy 39-5.1a to

INVOICE INSTRUCTIONS

REFERRAL LOCATION

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>80</i>	<i>mi</i>			<i>7.00</i>	<i>560.00</i>
<i>576P</i>		<i>1</i>		<i>Pump Charge (PTA)</i>	<i>1500</i>				<i>1100.00</i>	<i>1100.00</i>
<i>328-4</i>	<i>2nd day (8-23)</i>	<i>1</i>		<i>60/40 poz mix 432 Gal</i>	<i>75</i>	<i>SK</i>			<i>12.50</i>	<i>937.50</i>
<i>328-4</i>		<i>1</i>		<i>60/40 Poz mix (W) 46 gal</i>	<i>405</i>	<i>SK</i>			<i>12.50</i>	<i>5062.50</i>
<i>275</i>		<i>1</i>		<i>Cotton Seed Halls</i>	<i>42</i>	<i>SK</i>			<i>35.00</i>	<i>1470.00</i>
<i>290</i>		<i>1</i>		<i>D-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>300</i>	<i>SK</i>			<i>2.00</i>	<i>600.00</i>
<i>583</i>		<i>1</i>		<i>Drayage</i>	<i>3388</i>	<i>lbs</i>	<i>1356</i>	<i>TM</i>	<i>1.00</i>	<i>1356.00</i>
<i>581</i>	<i>2nd day (8-23)</i>	<i>1</i>		<i>Cmt Service Chrg</i>	<i>95</i>	<i>SK</i>			<i>2.00</i>	<i>190.00</i>
<i>582</i>	<i>2nd day (8-23)</i>	<i>1</i>		<i>min Drayage</i>	<i>8263</i>	<i>lbs</i>	<i>330</i>	<i>TM</i>	<i>350.00</i>	<i>2892150.00</i>
<i>576</i>	<i>2nd day (8-23)</i>	<i>1</i>		<i>Additional Hours - Pump Charge</i>	<i>3</i>	<i>hr</i>	<i>150</i>		<i>1100.00</i>	<i>3300.00</i>
<i>330</i>	<i>2nd day (8-23)</i>	<i>1</i>		<i>SMR CMT</i>	<i>20</i>	<i>g/s</i>			<i>19.50</i>	<i>390.00</i>
<p>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.</p>										
<p>REMIT PAYMENT TO: SWIFT SERVICES, INC. P.O. BOX 466 NESS CITY, KS 67560 785-798-2300</p>										
<p>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?</p> <p>AGREE <input type="checkbox"/> DISAGREE <input type="checkbox"/></p> <p>YES <input type="checkbox"/> NO <input type="checkbox"/></p> <p><input type="checkbox"/> CUSTOMER DID NOT WISH TO RESPOND</p>										
<p>PAGE TOTAL <i>11800.00</i></p>										

DATE SIGNED *8-23-22* TIME SIGNED *11:45* A.M. P.M.

DATE SIGNED *8-23-22* TIME SIGNED *11:45* A.M. P.M.

SWIFT OPERATOR *Robert Dene* APPROVAL *[Signature]*

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

TOTAL *78835*

TOTAL *1205855*

Thank You!

JOB LQG

SWIFT Services, Inc.

DATE
8-22-22

PAGE NO.

1

CUSTOMER

Vincent Oil

WELL NO.

2-23

LEASE

Keller

JOB TYPE

PTA

TICKET NO.

34498

CHART NO.	TIME	RATE (BPM)	VOLUME (BBL) (GAL)	PUMPS		PRESSURE (PSI)		DESCRIPTION OF OPERATION AND MATERIALS
				T	C	TUBING	CASING	
8-22	8:00							ON location 2 3/8" 5 1/2" Retainer 3659' Perf 5591'-6313' Perforate at 1530', 650'
	8:35	2.5	5	✓		1000		Injection Rate thru Retainer
	8:40	2.5	24	✓		500		mix 90 SK thru Retainer
		2	14.25	✓		400		displace CMT
	9:15	4.5	28		✓		400	Roll hole short way
	9:35		6.5	✓				Spot 25 SK on Top of Retainer
			8	✓				displace
	12:40	3	13	✓		450		1530' 50 SK 25 last 25 w/100 ⁺ bulls
			35.4	✓				displace
	14:25	3 3/4	63		✓		100	mix 240 SKs good circulation no cement to surface at 650'
	15:15							wash truck
	15:45							Done Thanks! Preston, Kirby, John 15 day 405 SKs 60/40 po2 4% gel used
8-23								Next day top off
	8:20							ON location
	9:55		4		✓		300	pump 15 SK to top off CSG.
	10:15		16					60 SK down Annulus 60/40 po2 4% gel
	11:00		7.5					20 SK SMD down Annulus
	11:30							Wash truck
	12:00							Job Complete Thanks! Preston, Kirby, John 15 SKS top off 60/40 po2 4% gel 60 SKS Annulus 60/40 75 total 60/40 po2 4% gel 20 SKS SMD used