

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.

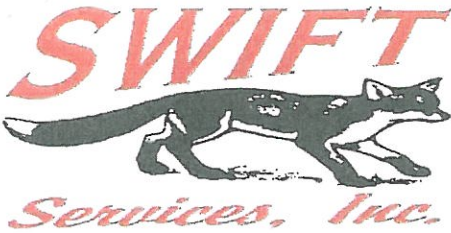
Oil, Gas or Water Records		Casing Record (Surface, Conductor & Production)			
Formation	Content	Casing	Size	Setting Depth	Pulled Out

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 #
9/13/2022	35568

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

RECEIVED BY _____
APPROVED BY _____
SEP 19 2022
LEASE WELL# _____
LOE NRE AFE# _____

- Acidizing
- Cement
- Tool Rental

TERMS	Well No.	Lease	County	Contractor	Well Type	Well Category	Job Purpose	Operator
Net 30	6W-19	Barry LKC	Rooks	Express Well	INJ	Workover	PTA	David E
PRICE REF.	DESCRIPTION				QTY	UM	UNIT PRICE	AMOUNT
575W	Mileage - 1 Way				30	Miles	7.00	210.00T
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				9	Sack(s)	35.00	315.00T
328-4	60/40 Pozmix (4% Gel)				390	Sacks	12.50	4,875.00T
581W	Service Charge Cement				450	Sacks	2.00	900.00T
583W	Drayage				544	Ton Miles	1.00	544.00T
	Subtotal							8,154.00
	AFE#330703							
	Sales Tax Rooks County						7.00%	570.78
We Appreciate Your Business!							Total	\$8,724.78



CHARGE TO: Civitation Oil & Gas
 ADDRESS
 CITY, STATE, ZIP CODE

TICKET **35568**

PAGE 1 OF

1. SERVICE LOCATIONS Flays ks WELL PROJECT NO. 600-19 LEASE Bony Lke COUNTY/PARISH Rock STATE KS CITY LOCATION DATE 9-13-12 OWNER
 2. Ness City ks TICKET TYPE SERVICE SALES CONTRACTOR Express RIG NAME/NO. WY SHIPPED WY DELIVERED TO LOCATION ORDER NO.
 3. WELL TYPE Injection WELL CATEGORY Workover JOB PURPOSE WTA WELL PERMIT NO.
 4. REFERRAL LOCATION INVOICE INSTRUCTIONS AFC # 330703 WELL LOCATION

PRICE REFERENCE	SECONDARY REFERENCE/ PART NUMBER	ACCOUNTING			DESCRIPTION	QTY. U/M			UNIT PRICE	AMOUNT
		LOC	ACCT	DF						
575					MILEAGE <u>Trk # 111</u>	30	mi		7.00	210.00
576					<u>Ramp Charge - WTA</u>	1	ea		1100.00	1100.00
290					<u>Dugie</u>	5	bar		42.00	210.00
275					<u>Cotton Seed hulls</u>	9	bx		35.00	315.00
328-4					<u>60/40 formz 40 gal</u>	390	sk		12.50	4875.00
581					<u>Service Charge Ans</u>	450	hr		2.00	900.00
583					<u>Drayage</u>	544	sm		1.00	544.00

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.

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		

PAGE TOTAL 8154.00
 TOTAL 8924.78

CUSTOMER ACCEPTANCE OF MATERIALS AND SERVICES The customer hereby acknowledges receipt of the materials and services listed on this ticket.
 SWIFT OPERATOR David Edwards APPROVAL
 Thank You!

