KOLAR Document ID: 1667749

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 #:	API No. 15
Name:	Spot Description:
Address 1:	Sec Twp S. R East West
Address 2:	Feet from North / South Line of Section
City: State: Zip: +	Feet from East / West Line of Section
Contact Person:	Footages Calculated from Nearest Outside Section Corner:
Phone: ()	NE NW SE SW
Type of Well: (Check one) Oil Well Gas Well OG D&A Cathodic Water Supply Well Other: SWD Permit #: SWD Permit #: Image: Cathodic ENHR Permit #: Gas Storage Permit #: Image: Cathodic Image: Cathodic Image: Cathodic Is ACO-1 filed? Yes No If not, is well log attached? Yes No Producing Formation(s): List All (If needed attach another sheet) Image: Cathodic Image: Cathodic Image: Cathodic Depth to Top: Bottom: T.D. Image: Cathodic Image: Cathodic	County: Well #: Uell #: Date Well Completed: The plugging proposal was approved on: (Date) by: (KCC District Agent's Name) Plugging Commenced:
Depth to Top: Bottom: T.D	Plugging Completed:
Depth to Top: Bottom: T.D	

Show depth and thickness of all water, oil and gas formations.

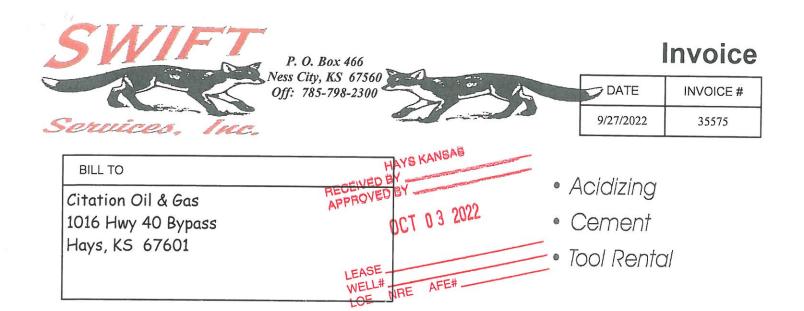
Oil, Gas or Wate	r Records		Casing Record (Surfa	ce, Conductor & Produc	ction)
Formation	Content	Casing	Size	Setting Depth	Pulled Out

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 w	/ell,

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



TERMS	Well N	o. Lease	County	Contractor	We	ll Type	W	ell Category	Job Purpos	e Operator
Net 30	#1-5	Wieland Unit	Ellis	Express Well		Oil		Workover	РТА	David E
PRICE F	REF.		DESCRIPT	ION		QTY	1	UM	UNIT PRICE	AMOUNT
575W 576W-P 290 275 328-4 581W 583W		AFE#220785 Mileage - 1 Way Pump Charge - PTA D-Air Cotton Seed Hulls 50/40 Pozmix (4% G Service Charge Ceme Drayage Subtotal Sales Tax Ellis Coun	ent				1 5 8 500	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 7.00%	210.00T 1,100.00T 210.00T 280.00T 6,250.00T 1,000.00T 1,210.00T 10,260.00 718.20
We Ap	prec	iate Your E	Business	5!				Tota		\$10,978.20

Thank You!		APPROVAL	SWIFT OPERATOR DAVIS Edgerton APP
d on this ticket	The customer hereby acknowledges receipt of the materials and services listed on this ticket	LS AND SERVICES The customer hereby ackno	CUSTOMER ACCEPTANCE OF MATERIALS AND SERVICES
INAL MAY 20	T WISH TO		
	ARE YOU SATISFIED WITH OUR SERVICE?	785-798-2300	DATE SIGNED TIME SIGNED A.M.
Ethis 718/20	AND PERFORMED JOB CALCULATIONS SATISFACTORIL Y?	P.O. BOX 466 NESS CITY, KS 67560	MUST BE SIGNED BY CUSTOMER OR CUSTOMER'S AGENT PRIOR TO START OF WORK OR DELIVERY OF GOODS. X
	MET YOUR NEEDS?	SWIFT SERVICES, INC.	LIMITED WARRANTY provisions.
PAGE TOTAL 10260 00	SURVEY AGREE UNDECIDED DISAGREE OUR EQUIPMENT PERFORMED WITHOUT BREAKDOWN? WIT ININFERSTOOD AND	REMIT PAYMENT TO:	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
		20	
at 11 6/ 20 /	1910 m	Oraures Junger	583 2
10 00 / 00	2	6	28/ 2
12 50 6250 00	of gel Joo sx	60/40 pozmix 4	328-4 2
35 00 280 00	8 5	Cotton Sees Hull	
20 012 20 Ch	5 bal	D-Dia	1
a) an 11 a Dall	1 63	Pump Charge - Pra	1 1945
2 00 20 00 D	mi	MILEAGE TRX # ///	525 /
UNIT PRICE AMOUNT	QTY. U/M QTY. U/M	DESCRIPTION	PRICE SECONDARY REFERENCE/ ACCOUNTING REFERENCE PART NUMBER LOC ACCT I
		AFE # 220785	
WELL LOCATION	WELL PERMIT NO.	WELL WIEGUNT JUB PUHPUSE	27/
ORDER NO.	VIN ACATION		KX
DATE . OWNER		LEASE WITH AND COUNTY/PARISH	HOLLS WELL/PROJECT NO.
PAGE OF		CITY, STATE, ZIP CODE	vices, Inc.
35575		Ess Citation Dil & (3)	ADDRESS
TICKET		CHARGE TO: 2	CIVIET

PAGE NO. DATE SWIFT Services. Inc. 9-27-22 JOB LOG LEASE Wieland Unit PRESSURE (PSI) JOB TYPE CUSTOMER . WELL NO. TICKET NO. (itarion 35575 PUMPS CHART RATE TIME DESCRIPTION OF OPERATION AND MATERIALS (BPM) (BBL) (GAL) TUBING CASING NO. TC On locarion 000 5/ex 23/8 Ist flug @ 3198 pump 75 sx w/ 300 hulls Disp 20 5 0 5 8 0 2ns plug & 2882 pump 75 & w/ 300 hulls Sisp 5 20 0 5 5 800 3rs plug c 2153 pump 100 sx w/ 200 Hults Disp 26 800 5 5 2 800 1th plug e lozz pump 150 Sx to Circ Nie a 400 39 w/VBG T.O. O. H Hook up to 5 1/2 & Circ up 8 5/0 100 sx to Circ pressure up & Shur in 2 26 200 301) JOB Complete Thanks David, Sert & Jorden