

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

Form CP-4
March 2009

Type or Print on this Form
Form must be Signed
All blanks must be Filled

WELL PLUGGING RECORD
K.A.R. 82-3-117

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.

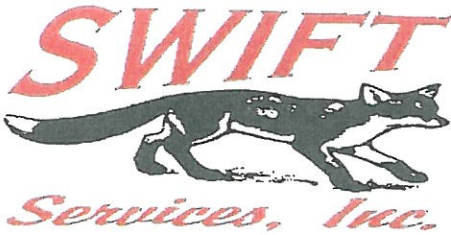
Oil, Gas or Water Records		Casing Record (Surface, Conductor & Production)			
Formation	Content	Casing	Size	Setting Depth	Pulled Out

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 #
10/7/2022	35607

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

HAYS KANSAS

RECEIVED BY _____
 APPROVED BY _____

OCT 17 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	#12-4	Elrich	Graham	Express Well	Oil	Workover	PTA	David E

PRICE REF.	DESCRIPTION	QTY	UM	UNIT PRICE	AMOUNT
	AFE #220796				
575W	Mileage - 1 Way	60	Miles	7.00	420.00T
576W-P	Pump Charge - PTA	1	Job	1,100.00	1,100.00T
290	D-Air	6	Gallon(s)	42.00	252.00T
275	Cotton Seed Hulls	8	Sack(s)	35.00	280.00T
328-4	60/40 Pozmix (4% Gel)	600	Sacks	12.50	7,500.00T
581W	Service Charge Cement	600	Sacks	2.00	1,200.00T
583W	Drayage	1,453	Ton Miles	1.00	1,453.00T
	Subtotal				12,205.00
	Sales Tax Graham County			7.50%	915.38

We Appreciate Your Business!	Total \$13,120.38
-------------------------------------	--------------------------



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

TICKET 35607

PAGE 1 OF 1

SERVICE LOCATIONS
 1. Hays ks
 2. Kearney City ks
 3.
 4.

WELL/PROJECT NO. 12-24
 LEASE Erick
 COUNTY/PARISH Scraper
 STATE ks
 CITY

TICKET TYPE
 SERVICE
 SALES

CONTRACTOR Express
 RIG NAME/NO.
 SHIPPED WY
 DELIVERED TO Chattanooga
 ORDER NO.

WELL TYPE Oil
 WELL CATEGORY water
 JOB PURPOSE 150
 WELL PERMIT NO.

INVOICE INSTRUCTIONS AFE # 220796
 WELL LOCATION

PRICE REFERENCE	SECONDARY REFERENCE/ PART NUMBER	ACCOUNTING			DESCRIPTION	MILEAGE	QTY.		UNIT PRICE	AMOUNT
		LOC	ACCT	DF			U/M	U/M		
<u>575</u>										
<u>576P</u>					<u>Tax # 110</u>					
<u>290</u>					<u>Comp Charge - 150</u>					
<u>275</u>					<u>A-Pric</u>					
					<u>Cotton Seed Hulls</u>					
					<u>60/40 Permox 40% gel</u>					
<u>581</u>					<u>Service Charge Lemont</u>					
<u>583</u>					<u>Drayage</u>					

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

OUR EQUIPMENT PERFORMED WITHOUT BREAKDOWN?	AGREE	UNDECIDED	DISAGREE
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?
 CUSTOMER DID NOT WISH TO RESPOND YES NO

PAGE TOTAL 12205700

TOTAL 1312038

SWIFT OPERATOR David Edgemoor APPROVAL

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

Thank You!

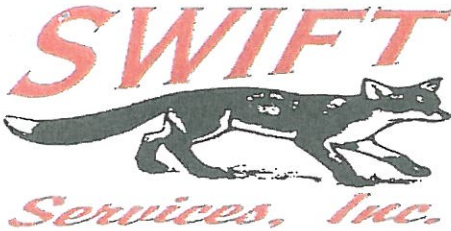
SWIFT Services, Inc.

DATE
10-7-22 PAGE NO.

JOB LOG

CUSTOMER: **Citation** WELL NO.: **12-4** LEASE: **ELRICH** JOB TYPE: **RA** TICKET NO.: **35607**

CHART NO.	TIME	RATE (BPM)	VOLUME (BBL) (GAL)	PUMPS		PRESSURE (PSI)		DESCRIPTION OF OPERATION AND MATERIALS
				T	C	TUBING	CASING	
	1000							On location
								2 7/8 x 5 1/2
		5	20			500		1st plug - 2395
		5	32			500		75 sx neat
		5	5			500		125 sx w/ 300 Hulls
								Disp
		5	31			400		2nd Plug - 2129 2129
		5	3			400		120 sx w/ 300 Hulls
								Disp
		5	46			400		3rd plug - 925
		5	1			400		175 sx SMT w/ 200 Hulls
								Disp
		5	20			400		4th plug - 460
								75 sx to Circ to Surf
								T.O.D.H w/ YBC
								Hook up to 8 5/8
								-pressured immediately
								TOP OFF 5 1/2 - 30 sx
								Still Dropping
								will need to be topped off
								JOB COMPLETE
								Thanks
								DAVID, SETH, TYLER, JOHN



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



Invoice

DATE	INVOICE #
10/13/2022	35612

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

HAYS KANSAS
 RECEIVED BY _____
 APPROVED BY _____

OCT 17 2022

- Acidizing
- Cement
- Tool Rental

LEASE _____
 WELL# _____
 LOE NRE AFE# _____

TERMS	Well No.	Lease	County	Contractor	Well Type	Well Category	Job Purpose	Operator
Net 30	#12-4	Elrich	Graham		Oil	Workover	Top off PTA	David E

PRICE REF.	DESCRIPTION	QTY	UM	UNIT PRICE	AMOUNT
575W	Mileage - 1 Way	25	Miles	7.00	175.00T
580	Additional Hours (If Circulate More Than 1 Hour)	1	Hours	400.00	400.00T
328-4	60/40 Pozmix (4% Gel)	50	Sacks	12.50	625.00T
581W	Service Charge Cement	50	Sacks	2.00	100.00T
583D	Drayage	60	Ton Miles	1.00	60.00
	Subtotal				1,360.00
	Sales Tax Graham County			7.50%	97.50

We Appreciate Your Business!

Total

\$1,457.50



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

TICKET 35612

CITY, STATE, ZIP CODE

PAGE 1 OF

1. SERVICE APPLICATIONS <i>Hayes B5</i>	WELL/PROJECT NO. <i>12-4</i>	LEASE <i>Ehrlich</i>	COUNTY/PARISH <i>Graham</i>	STATE <i>KS</i>	CITY	DATE <i>10-13-22</i>	OWNER
2. <i>Ness City B5</i>	TICKET TYPE <input type="checkbox"/> SERVICE <input type="checkbox"/> SALES	CONTRACTOR <i>N/A</i>	RIG NAME/NO.	SHIPPED <i>YES</i>	DELIVERED TO <i>LOCHATION</i>	ORDER NO.	
3.	WELL TYPE <i>Oil</i>	WELL CATEGORY <i>Waterover</i>	JOB PURPOSE <i>Tar off B5B</i>	WELL PERMIT NO.	WELL LOCATION		
4.	REFERRAL LOCATION	INVOICE INSTRUCTIONS					

PRICE REFERENCE	SECONDARY REFERENCE/ PART NUMBER	ACCOUNTING			DESCRIPTION	MILEAGE	QTY.			UNIT PRICE	AMOUNT
		LOC	ACCT	DF			QTY.	U/M	QTY.		
<i>575</i>					<i>Tax 110</i>						
<i>580</i>					<i>Additional hrs</i>						
<i>328-4</i>					<i>60/40 Perm 4 1/2 gal</i>						
<i>581</i>					<i>Service Charge Car</i>						
<i>583</i>					<i>Drainage</i>						

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

OUR EQUIPMENT PERFORMED WITHOUT BREAKDOWN?	AGREE	UNDECIDED	DISAGREE
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 *1360*

TOTAL *1457.00*

SWIFT OPERATOR *David Edwards* APPROVAL

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

Thank You!

