KOLAR Document ID: 1669990

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 #:			ı	API No.	. 15 -	
					escription:	
Address 1:					•	p S. R East West
Address 2:					Feet from	
City:	State:	Zip:++			Feet from	East / West Line of Section
Contact Person:				Footage	es Calculated from Neares	st Outside Section Corner:
Phone: ()					NE NW	SE SW
Type of Well: (Check one) C Water Supply Well C ENHR Permit #:	Other:	OG D&A Cathodi SWD Permit #: rage Permit #:		,		Well #:
Is ACO-1 filed? Yes		log attached? Yes	_ I			ved on: (Date)
Producing Formation(s): List A						(KCC District Agent's Name)
Depth to		m: T.D				
Depth to	•	m: T.D				
Depth to		m:T.D		Pluggin	g Completed:	
Show depth and thickness of a	all water, oil and gas forma	ations.				
Oil, Gas or Water	Records		Casing Re	∍cord (Sı	urface, Conductor & Produc	tion)
Formation	Content	Casing	Size		Setting Depth	Pulled Out
Describe in detail the manner cement or other plugs were us		_		-		Is used in introducing it into the hole. If
Plugging Contractor License #	::		Name:			
Address 1:			Address 2	··		
City:				State: _		Zip:+
Phone: ()						
Name of Party Responsible fo	r Plugging Fees:					
State of	County, _			. , SS.		
				F	Employee of Operator or	Operator on above-described well,
	(Print Name)				p.o, oo opoidioi oi	operate. on above accombed 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.



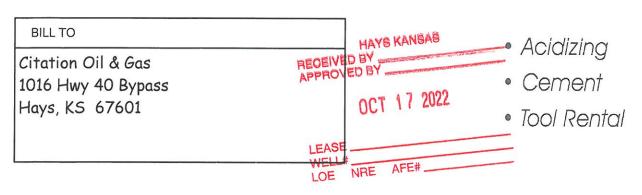
P. O. Box 466

Ness City, KS 67560

Off: 785-798-2300

Invoice

DATE	INVOICE#
10/12/2022	35610



TERMS	Well N	lo.	Lease	County	Contractor	We	II Type	W	ell Category	Job Purpose	е	Operator
Net 30	#7-6		Wieland	Ellis	Express Well		Oil		Workover	PTA		David E
PRICE	REF.			DESCRIPT	ION		QTY	′	UM	UNIT PRICE		AMOUNT
575W 576W-P 290 279 275 328-4 581W 583W		Pum D-A Ben Cott 60/4 Serv Dray	eage - 1 Way np Charge - PTA ir tonite Gel ton Seed Hulls 10 Pozmix (4% G vice Charge Ceme yage total ss Tax Ellis Coun	eel) ent			l	30 1 2 24 5 240 450 6089	Sack(s) Sacks Sacks	7.00 1,100.00 42.00 40.00 35.00 12.50 2.00 1.00		210.00T 1,100.00T 84.00T 960.00T 175.00T 3,000.00T 900.00T 1,089.00T 7,518.00 526.26
We A	nnred	cia	te Your I	Busines	s!				- (

We Appreciate Your Business!

Total

\$8,044.26



CHARGE TO! HATISTO DIL	n Bil & Gips
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Sorvices Inc	CITY	CITY, STATE, ZIP CODE					7	<u> </u>
V	WELL/PROJECT NO.	LEASE	COUNTY/PARISH.	STATE	СІТҮ	- P	DATE ON	OWNER
JAN STANT	TICKET TYPE CONTRACTOR	MICIAND	RIG NAME/NO.	9	DELIYERED TO ,	0	ORDER NO.	
2 Ness (ix/ K)	Ж	Serves		VIAN TO THE PERSON OF THE PERS	location			
	WELL TYPE	TEGORY	JOB PURPOSE		WELL PERMIT NO.	V	WELL LOCATION	
REFERRAL LOCATION	INVOICE INSTRUCTIONS	11	0829					
PRICE SECONDARY REFERENCE.	EFERENCE/ ACCOUNTING	OF .	DESCRIPTION		QTY. U/M	QTY. U/M	PRICE	AMOUNT
		MILEAGE / NX	4 110	r ,	30 Mi		200	210 90
J. 12.		Pumo Ch	arac-RA		1 64	-	100 00	1100
790		D-Air	0		2 plan	-	42 00	84 00
946		Bentonite	nte Gec	λ.	8 6/	-	4000	760
275		Cotton	Sees Hulls		5 /2%	+	33	145
328-4		60/46/	WIMIX YOU GO	566	240 Sx	_	12 50	3000 00
\$\$\\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		Service	Charge Cen	rear	yso sx		100	as 006
SS		Draya	ar o		1089 tm			1087
I FCAL TERMS: Clistomer hereby acknowledges and agrees to	v acknowledges and agrees		בראוד באלאבאד דס:	SURVEY	AGREE	UNDECIDED DISAGREE	PAGE TOTAL	75/8/00
the terms and conditions on the reverse side nered which include, but are not limited to, PAYMENT, RELEASE, INDEMNITY, and LIMITED WARRANTY provisions.	, RELEASE, INDEMNITY, ar			WE UNDERSTOOD AND MET YOUR NEEDS? OUR SERVICE WAS				
MUST BE SIGNED BY CUSTOMER OR CUSTOMER'S AGENT PRIOR TO START OF WORK OR DELIVERY OF GOODS.	MER'S AGENT PRIOR TO	P.O. E		WE OPERATED THE EQUIPMENT AND PERFORMED JOB CALCULATIONS SATISFACTORILY?	UIPMENT		SWD	52626
TE SIGNED	TIME SIGNED			ARE YOU SATISFIED WITH OUR SERVICE? V CUSTOMER DID	NOT WISH	TO RESPOND	TOTAL	9844B
CUSTOM	ER ACCEPTANCE OF MATE	RIALS AND SERVICES Th	CUSTOMER ACCEPTANCE OF MATERIALS AND SERVICES The customer hereby acknowled	ges receipt	ledges receipt of the materials and services listed on this ticket.	services liste	d on this ticket.	
							1	

SWIF: OPERATOR

Javis Edgerron

APPROVAL

Thank You!

SWIFT Services. Inc. 10-12-22 TICKET NO. 35610 JOR FOR Wieland CUSTOMER . WELL NO. #8 PUMPS PRESSURE (PSI) VOLUME | DESCRIPTION OF OPERATION AND MATERIALS RATE CHART TIME (BPM) (BBL) (GAL) T C TUBING CASING On location 900 TBG - 23/8 Csg-51/2 Ist Plug @ 3300 pump 1200 + Bentonite Gel pump 50 sx cmr w/ 200 Hulls 2ns Plug e 1650 Pump 175 sx w/200 Hulls TO Circ to surf T.O.O.H WTRG Hook up to 5/2
pumpes 10 sx and it locked up Hook up to to 85/8
pumped 5 x ornsit locked up USED - 240 Sx CMT 1200 lbs bentonite gel JOB Complete Thanks David, Sett & Sylen