KOLAR Document ID: 1675099

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:	
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 #: SWD Permit #: ENHR Permit #: Gas Storage Permit #: Gas Storage Permit #: No 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.	County: Well #: Lease Name: Well #: Date Well Completed: The plugging proposal was approved on: (Date) by: (KCC District Agent's Name) Plugging Commenced: Plugging Completed:
Depth to Top: Bottom:T.D	

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

Oil, Gas or Water	r 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.	
(Print Name)	Employee of Operator or	r Operator on above-described 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.

Submitted Electronically

JD's Well Service, Inc. PO Box 542 Claflin, KS 67525

Phone: 620-786-4022

Fax: 620-792-5370

Invoice

Date	Invoice #
11/7/2022	4832

Bill To

Richlan Drilling 598 2nd Ave. Beaver, KS 67525

				C	Called By
		4			Rick S
		Terms	Due	Date	Rig
		Net 30	12/7/	2022	Rig 3
Lease/Supplies	Description of Work & Materials Furnished	Hrs/Qty	Ra	ite	Amount
Ryam #SWD	11/7/2022 - Drove to location. Rigged up. Tried to release packer and couldn't. Worked with it, couldn't get it to release. Was told it was a Halliburton. Finally turned it to the right, packer released. Pulled 22 joints and the 5 1/2 Baker AD-1 Tension Packer. Cleaned up tools and location. Tore Down. Drove home (Dennis, Jason, Triston) - 5 hrs.	5		270.00	1,350.00
We appreciate your	business!	Subtot	al		\$1,350.00
		Sales 1	Гах (6.	5%)	\$0.00
		Total			\$1,350.00
		Payme	nts/Cre	edits	\$0.00
		Balanc	e Due		\$1,350.00

PA 11-28-22 CK 12854

Its Pulled Well Record Jts. Ft Run Polish Rod Polish Rod Liner	Lease:	Van Well # SUD	COUNTY: <u>njes</u> Type of Job: <u>Le</u> Pell Pulling Repo	isd wen	
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Date Work	
Started: 11-7-2024	Ĺ

Date Work Completed: <u>11-7-2022</u>

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Triston JOS Well Service, Inc. By: Jum Kuma



BILL TO

Richlan Drilling 598 2nd Ave. Beaver, KS 67525

- Acidizing
- Cement
- Tool Rental

TERMS	Well No. Lease County Contractor Well Ty				ll Type	w	ell Category	Job Purpos	е	Operator		
Net 30	#2 SW	'n	Ella Rahm "w"	Ness	Klima	s	WD W		Workover	РТА		Wayne
PRICE I	PRICE REF. DESCRIPTION						QT	ſ	UM	UNIT PRICE		AMOUNT
PRICE REF. DESCRIPTION 575W Mileage - 1 Way 576W-P Pump Charge - PTA 275 Cotton Seed Hulls 328-4 60/40 Poznix (4% Gel) 290 D-Air 581W Service Charge Cement 582W Minimum Drayage Charge Subtotal SWD &/Or InJection Well, Exempt From Sales Tax									Miles Job Sack(s) Sacks Gallon(s) Sacks Each	7.00 1,100.00 35.00 12.50 42.00 2.00 350.00 0.00%		105.00T 1,100.00T 105.00T 1,500.00T 300.00T 350.00T 3,544.00 0.00
We Ap	We Appreciate Your Business!								Tota			\$3,544.00

SWIFT OPEHATOR NAME WITSON		11-7-2022 1500 XPM.	IVERY OF GOODS.	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.		785	185	1 062	328-4		275	S7S 1	DE SECONDARY REFERENCE/ ACC PART NUMBER LOC	ATION INVOICE INSTF	2. WELL/PROJECT NO. 1. VESS Cart, L. VESS C	Services, Inc.	SWIFT
APPROVAL	CUSTOMER ACCEPTANCE OF MATERIALS AND SERVICES The customer hereby acknowledges receipt of the materials and services listed on this ticket.		P.O. BOX 466 NESS CITY, KS 67560	and SWIFT SERVICES, INC.		MENDMUM DRAYAGE CHARGE	SERVICE CHARGE COMPUT	D-A2R	bo/ 40 Poznax (4% GEL)	COLLOWARD HULLS	Contra coch Unite		ACCT DF DESCRIPTION	CATEGORY JOB PURPOSE	OR OR OR OR COUNTY/PARISH STATE RIG NAME/NO.	CITY, STATE, ZIP CODE	CHARGE TO: RICHUGND DRILITING
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JOB LOG					SWIF		DATE PAG					
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