

**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 #
11/28/2022	35803

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

HAYS KANSAS  
 RECEIVED BY \_\_\_\_\_  
 APPROVED BY \_\_\_\_\_  
 DEC 08 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	#703	Barry LKC	Rooks	Express Well	Inj	Workover	PTA	Jonathan
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				8	Gallon(s)	42.00	336.00T
275	Cotton Seed Hulls				11	Sack(s)	35.00	385.00T
328-4	60/40 Pozmix (4% Gel)				465	Sacks	12.50	5,812.50T
581W	Service Charge Cement				600	Sacks	2.00	1,200.00T
583W	Drayage				1,258.92	Ton Miles	1.00	1,258.92T
	Subtotal							10,302.42
	SWD &/Or InJection Well, Exempt From Sales Tax						0.00%	0.00

**We Appreciate Your Business!**

**Total** \$10,302.42



CHARGE TO: C-station D14 Gas  
 ADDRESS  
 CITY, STATE, ZIP CODE

TICKET **35803**

CITY, STATE, ZIP CODE

PAGE 1 OF 1

SERVICE LOCATIONS

1. Days 1 K3 WELL/PROJECT NO. 703 LEASE Barry LLC COUNTY/PARISH Roark, LS STATE KS CITY  DATE 11/28/22 OWNER Same
2. Miss Liffy K3 TICKET TYPE  SERVICE CONTRACTOR Express Well Service RIG NAME/NO.  SHIPPED VIA ET DELIVERED TO Location ORDER NO.
3.  SALES  WELL TYPE Injection WELL CATEGORY Workovers JOB PURPOSE plug To Abandon WELL PERMIT NO.
4.  INVOICE INSTRUCTIONS AFE # 221020 WELL LOCATION

PRICE REFERENCE	SECONDARY REFERENCE/ PART NUMBER	ACCOUNTING			DESCRIPTION	QTY.	U/M	QTY.	U/M	UNIT PRICE	AMOUNT
		LOC	ACCT	DF							
575		1			MILEAGE # 113	30	mi			7.00	210.00
576A		1			Pump Charge - DTA	1	EA			1100.00	1100.00
240		1			D-Air	42	00			42.00	336.00
275		1			Cotton Seed Hulls	35	00			35.00	385.00
328-4		2			60/40 Rozmix (40% Gel)	4165	SKS			12.50	5,812.50
581		2			Service Charge Cement	600	SKS			2.00	1200.00
583		2			Drayage	1258	TM			1.00	1258.00
REMIT PAYMENT TO: SWIFT SERVICES, INC. P.O. BOX 466 NESS CITY, KS 67560 785-798-2300					SURVEY <input type="checkbox"/> OUR EQUIPMENT PERFORMED WITHOUT BREAKDOWN? <input type="checkbox"/> WE UNDERSTOOD AND MET YOUR NEEDS? <input type="checkbox"/> OUR SERVICE WAS PERFORMED WITHOUT DELAY? <input type="checkbox"/> WE OPERATED THE EQUIPMENT AND PERFORMED JOB CALCULATIONS SATISFACTORILY? <input type="checkbox"/> ARE YOU SATISFIED WITH OUR SERVICE?		AGREE <input type="checkbox"/> UNDECIDED <input type="checkbox"/> DISAGREE <input type="checkbox"/>		PAGE TOTAL <u>10,302.42</u> TOTAL <u>10,302.42</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.

DATE SIGNED \_\_\_\_\_ TIME SIGNED \_\_\_\_\_  
 A.M.  P.M.

SWIFT SERVICES, INC.  
 P.O. BOX 466  
 NESS CITY, KS 67560  
 785-798-2300

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

SWIFT OPERATOR [Signature] APPROVAL [Signature]

Thank You!

