KOLAR Document ID: 1676527

**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 #:			AF	PI No. 1	5						
Name:				Spot Description:							
Address 1:			_	Sec Twp S. R East							
Address 2:			_	Feet from North / South Line of Sec							
City:	State:	Zip: +	_	Feet from East / West Line of Se							
Contact Person:			Fo	Footages Calculated from Nearest Outside Section Corner:							
Phone: ( )				NE NW SE SW							
Type of Well: (Check one)		OG D&A Cathodic	Co	County: Well #:							
ENHR Permit #:	Gas Sto	rage Permit #:									
Is ACO-1 filed? Yes	No If not, is well	log attached? Yes			•	oved on: (Date)					
Producing Formation(s): List A	II (If needed attach another	sheet)	by	:		(KCC <b>District</b> Agent's Name)					
Depth to	Top: Botton	m: T.D	<sub>Pli</sub>	ıaaina	Commenced:						
Depth to	Top: Botto	m: T.D		00 0							
Depth to	Top: Botto	m:T.D		agging	Completed.						
Show depth and thickness of a	all water, oil and gas forma	ations.									
Oil, Gas or Water	Records		Casing Reco	rd (Sun	face, Conductor & Produc	ction)					
Formation	Content	Casing	Size		Setting Depth	Pulled Out					
cement or other plugs were us		-				ds used in introducing it into the hole. If					
Plugging Contractor License #	:		Name:	e:							
Address 1:			Address 2: _								
City:			Sta	ate:		Zip:+					
Phone: ( )											
Name of Party Responsible fo	r Plugging Fees:										
State of	County, _		, s	SS.							
			Г	_	nployee of Operator or	Operator on above-described well,					
	(Print Name)			=[]	inproyee or Operator or	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.

IIFT	ces, Inc.	
NS	Service	

TICKET 34		PAGE	
CHARGE TO: Stering Park	ADDRESS	CITY, STATE, ZIP CODE	

			N-0	N F	31	8		8	81	8		3	_	_	81	8	81	
OWNER			2-6	AMOUNT	7	8 33		3475 C				84			330 00	350 00	₹ 6h8h	
DATE C	ORDER NO.	WELL LOCATION	Ness Life, 5-W, 115-N	UNIT	7 8	8		158	800	5 81		43 00			300	350 €	PAGE TOTAL	1
Che Che	TION I	Λ		QTY.   U/M	10.00	7	3	165/26	3 26	000		78		-	165 sks	1 26	E UNDECIDED DISAGREE	
STATE CITY KS NIESS	SHIPPED DELIVERED TO	WELL PERMIT NO.		QTY.  U/M	-			_	_	_	_	_		-			SURVEY AGREE	און אורואן ז כייי כייייורט
COUNTY/PARISH	RIG NAME	WELL CATEGORY JOB PURPOSE	revelopment Justace Vipe	DESCRIPTION	MILEAGE TO # 115	0		Standard Cement	12	n		D-AIR			CEMENT SerVICE CHAME	MINIMUM DAYAGE	ċ	
WELLPROJECT NO. LEASE	CONTRACTOR Refigure	WELL TYPE WELL (	INVOICE INSTRUCTIONS	SECONDARY REFERENCE/ ACCOUNTING PART NUMBER LOC ACCT DF		1		1							_		LEGAL TERMS: Customer hereby acknowledges and agrees to	the terms and conditions on the reverse side hereof which include
1. Ness City	<b>3</b>	4	REFERRAL LOCATION	PRICE SECONDA REFERENCE PAR	575	5768		325	279	378		260			281	5 82	LEGAL TERMS: Customer h	the terms and conditions on the

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.

0	
•	_
0	⋖
	-

TIME SIGNED DATE SIGNED

A.M.

APPROVAL

SWIFT OPERATOR

NESS CITY, KS 67560 785-798-2300

101 PAGE TOTAL WITHOUT BREAKDOWN?
WE UNDERSTOOD AND
MET YOUR NEEDS?
OUR SERVICE WAS
PERFORMED WITHOUT DELAY? WE OPERATED THE EQUIPMENT
AND PERFORMED JOB
CALCULATIONS
SATISFACTORILY? OUR EQUIPMENT PERFORMED

SWIFT SERVICES, INC.

P.O. BOX 466

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

TOTAL

☐ CUSTOMER DID NOT WISH TO RESPOND

**№** 

YES

ARE YOU SATISFIED WITH OUR SERVICE?

Thank You!

PAGE NO. SWIFT Services. Inc. 9/16/2022 JOB LOG JOB TYPE CUSTOMER WELL NO. Mishler Stewart Producers 1-19 VOLUME (BBL) (GAL) **PUMPS** PRESSURE (PSI) DESCRIPTION OF OPERATION AND MATERIALS TIME TUBING CASING ON LOCATION @8%" 2316/FE 1415 RTD: 265' Break Circulation 1450 Pump 5 bb/ HaO Space 1455 3/2 Mix 165 sks of Standard 2% gel. 3% CC Cement @ 14.7ppg 40 1500 BogIN DISPLACEMENT 0 1510 4 50 200 KO Pump 1515 16 @ No CEMENT Circulated DOWN Trench \* Jet Cellar + had ComeNT & WASh up Tok #115 1530 Job Complete 1600 165 sks of Standard Cement Used Approx 5 sks 100 @ Circulated Thanks! Gideon, Mark, John

HM	nc.
1	es, i
S	rvic
2	Š

CHARGE TO: Storage to Produces	TICKET
ADDRESS	
CITY, STATE, ZIP CODE	PAGE

34698

PF

`	OWNER		35 CH 58-4		AMOUNT	70,00	1100,00		1875,00	171,00	84.00	460,00	350, 00	I—I	_		_	2110,0118		#	11/ 611	ところ
-	DATE 0	ORDER NO.	WELL LOCATION NESS CITY STORY I-XJ, W-INTO	\	UNIT	7, 00	1100,00	_	12,50	3,00	412.00	2,00	350,00	_			_	PAGE TOTAL	1		91M25	くさ
					QTY. U/M	_	-				_		m 98	-	_			UNDECIDED DISAGREE				
The second secon	STATE CITY	SHIPPED DELIVERED TO	WELL PERMIT NO.		QTY. U/M	10 mi	150	_	230 SKS	57/185	2 00/	230 5K	19308 145	7	-	_		SURVEY AGREE NT PERFORMED NKDOWN?	AND	S OUT DELAY?	E EQUIPMENT JOB	
		AIV														×	-	SURVEY OUR EQUIPMENT PERFORMED WITHOUT BREAKDOWN?	WE UNDERSTOOD AND MET YOUR NEEDS?	OUR SERVICE WAS PERFORMED WITHOUT DELAY?	WE OPERATED THE EQUIPMENT AND PERFORMED JOB CALCULATIONS	SATISFACTORILY?
	COUNTY/PARISH	RIG NAME/NO.	JOB PURPOSE		DESCRIPTION	Truck 112	Charge	)	002 mix 4% all	9	7	Socvice Chare	Dravage	S6/				PAYMENT TO:		SWIFT SERVICES, INC.	). BOX 466	CITY KS 67560
	LEASE	Deli	WELL CATEGORY  Develop med 7	>	G DF	MILEAGE ;	Pump	- 1	60/40	1/000	0-4	CM	mia.					REMIT		SWIFT	P.(	NESS NESS
		E CONTRACTOR	)	INVOICE INSTRUCTIONS	ACCOUNTING LOC ACCT 1	/			/		,	/	1					iges and agrees to reof which include,	INDEMNITY, and		OT TO	
	WELL/PROJECT NO.	TICKET TYPE  D SERVICE  C SALES			SECONDARY REFERENCE/ PART NUMBER	÷												<b>LEGAL TERMS:</b> 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	NIY provisions.	MUST BE SIGNED BY CUSTOMER OR CUSTOMER'S AGENT PRIOR TO START OF WORK OR DELIVERY OF GOODS.	
	SERVICE LOCATIONS 1. $\sqrt{255}$ C/ $\frac{7}{7}$	67	۲, 4 J	REFERRAL LOCATION	PRICE REFERENCE	575	576		328-4	276	290	18.5	582					<b>LEGAL TERMS:</b> the terms and cond	but are not limited	LINITED WARRANTY provisions.	MUST BE SIGNED BY CUSTOMER OR CUSTO START OF WORK OR DELIVERY OF GOODS.	×

Thank You!

TOTAL

☐ CUSTOMER DID NOT WISH TO RESPOND

ARE YOU SATISFIED WITH OUR SERVICE?

NESS CITY, KS 67560

785-798-2300

□ A.M. □ P.M.

TIME SIGNED

DATE SIGNED

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

APPROVAL

SWIFT OPERATOR

PAGE NO. SWIFT Services. Inc. JOB LOG JOB TYPE CUSTOMER WELL NO. # 1-19 DLUME | PUMPS Mishler VOLUME (BBL) (GAL) PRESSURE (PSI) RATE (BPM) DESCRIPTION OF OPERATION AND MATERIALS CHART TIME TUBING CASING plug thru drill pipe 8:00 15t plug at 1650' mix 505K5

displace CMT

2ndplug at 840' mix 80 5K5

displace CMT

3rd plug at 300' mix 50 5K5

displace CMT

416 plug at 60' mix 205K5

plug RH af 30 5K5

Lvesh pump truck

Tob Complete

Thanks!

Prestan, Kirby, John 100 9/10 9145 10:20 10:45 230 5KS 60/40 por 470ge) 14 Florete used