

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 #: _____

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.

(Print Name) Employee of 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.

Submitted Electronically



TICKET 34818

CHARGE TO: Care
 ADDRESS
 CITY, STATE, ZIP CODE

PAGE 1 OF 1

SERVICE LOCATIONS
 1. Ness City WELL/PROJECT NO. 54-25 LEASE Bill Bixenman COUNTY/PARISH Thomas STATE LS CITY
 2. SERVICE SALES CONTRACTOR Express RIG NAME/NO. Location DELIVERED TO
 3. WELL TYPE oil WELL CATEGORY Workover JOB PURPOSE PTA WELL PERMIT NO.
 4. REFERRAL LOCATION WELL LOCATION Campus + I70 22-N, E-into

PRICE REFERENCE	SECONDARY REFERENCE/PART NUMBER	ACCOUNTING		DESCRIPTION	QTY.	U/M	QTY.	U/M	UNIT PRICE	AMOUNT
		LOC	ACCT							
575		1			80	mi			7.00	560.00
576 P		1		MILEAGE Truck 112 pump charge	1	Job			1100.00	1100.00
328-4		1		6040 poz mix (48 gal)	300	SK			12.50	3750.00
275		1		Cotton Seed Hulls	8	SK			35.00	280.00
290		1		D-Air	2	gal			42.00	84.00
581		1		CMT Service charge	450	SK			2.00	900.00
583		1		Drayage	3766	lbs	1506	7m	1.00	1506.00

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 Donna TIME SIGNED 14:30 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?
 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 \$ 8180.00

TOTAL 8519.41

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

SWIFT OPERATOR Priscilla Malone APPROVAL

Thank You!

JOB LOG

SWIFT Services, Inc.

DATE 11-23-22 PAGE NO. 1

CUSTOMER Gore WELL NO. 54-25 LEASE Bill Bixenman JOB TYPE PTA TICKET NO. 34818

CHART NO.	TIME	RATE (BPM)	VOLUME (BBL) (GAL)	PUMPS		PRESSURE (PSI)		DESCRIPTION OF OPERATION AND MATERIALS
				T	C	TUBING	CASING	
	11:00							ON location 2 3/8" 4 1/2"
	11:20	4.5	24	✓		100		1st plug @ 4075' 90 SKS w/ 400 hulls displace cement
	12:15	4.5	24	✓		400		2nd plug @ 2750' 90 SKS w/ 350 hulls catch psi after 20 BBL
	13:00	4.5	26	✓				3rd plug @ 1350' 100SK w/ 50 hulls circulate to surface
	14:00		2.5			300		Backside 10 SKS. (Annulus)
	14:05		2.5					Top off 10 SKS
	14:15							Wash pump truck
	14:30							Job Complete Thanks! Preston, Kirby, John
								300 SKS 60/40 per 49 gal used 800 lbs hulls