

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.
 _____ 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



Services, Inc.

CHARGE TO: Mull Dry Co

ADDRESS

CITY, STATE, ZIP CODE

TICKET 34968

PAGE 1 OF 1

1. SERVICE LOCATIONS	WELL/PROJECT NO.	LEASE	COUNTY/PARISH	STATE	CITY	DATE	OWNER
Ness City, KS	1-38	March	Ness	KS	Beeler	2/16/2023	
2. TICKET TYPE	CONTRACTOR	RIG NAME/NO.	SHIPPED VIA	DELIVERED TO	WELL PERMIT NO.	ORDER NO.	
<input checked="" type="checkbox"/> SERVICE	STP		CT	LOCATION			
3. WELL TYPE	WELL CATEGORY	JOB PURPOSE	WELL LOCATION				
Oil	Development	Plug to Abandon	Beeler, S-N, 2-12				
4. REFERRAL LOCATION	INVOICE INSTRUCTIONS						
	1/4-N, E-INTD						

PRICE REFERENCE	SECONDARY REFERENCE/ PART NUMBER	ACCOUNTING			DESCRIPTION	QTY.		UNIT PRICE	AMOUNT
		LOC	ACCT	DF		UM	UM		
576		1			MILEAGE Truck #115	25	mi	8.00	200.00
576P		1			Pump Charge - PTA	1	job	1,200.00	1,200.00
388-4		1			60/40 Pozmix 4% gel	230	sk	13.00	2,990.00
276		1			Floccle	75	lb	4.00	300.00
29D		1			D-Air	3	gal	42.00	126.00
581		1			Cement Service Charge				
582		1			Minimum Drayage Charge				

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 2/16/2023 TIME SIGNED 5:45 A.M. P.M.

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

SURVEY	AGREE	UNDECIDED	DISAGREE	PAGE TOTAL	
OUR EQUIPMENT PERFORMED WITHOUT BREAKDOWN?				350	1
WE UNDERSTOOD AND MET YOUR NEEDS?					
OUR SERVICE WAS PERFORMED WITHOUT DELAY?					
WE OPERATED THE EQUIPMENT AND PERFORMED JOB CALCULATIONS SATISFACTORILY?					
TOTAL				5848.00	

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

SWIFT OPERATOR Judson Judd APPROVAL

Thank You!

JOB LOG

SWIFT Services, Inc.

DATE 2/16/2023 PAGE NO. 1

CUSTOMER Mull Drly Co WELL NO. 1-32 LEASE MAUCH JOB TYPE Plug to Abandon TICKET NO. 34968

CHART NO.	TIME	RATE (BPM)	VOLUME (BBL) (GAL)	PUMPS		PRESSURE (PSI)		DESCRIPTION OF OPERATION AND MATERIALS
				T	Ø DP	TUBING	CASING	
	0600							ON LOCATION 4 1/2" DP
	0645	3	13.1 23	✓			300 250	Plug @ 1,950 w/ 50 sks Displace w/ Mud
	0700	3	21	✓			250	Plug @ 1,140' w/ 80 sks
	0745	3	13.1	✓			175	Plug @ 270' w/ 50 sks
	0845	3	5.25	✓			125	Plug @ 60' w/ 20 sks
	0900	3	8	✓			75	Plug Rathole w/ 30 sks
	0905 0945							Wash up Truck #115 Job Complete
								230 sks of 60/40 Pozmix 4% gel w/ 1/4 lb/sk Flo used
								Thanks!
								Gideon Mock, Tyler



TICKET 35005

CHARGE TO: *Mull* *By Co.*
 ADDRESS
 CITY, STATE, ZIP CODE

PAGE 1 OF 1

1. SERVICE LOCATIONS <i>Ness City</i>	WELL/PROJECT NO. <i>1-32</i>	LEASE <i>March</i>	COUNTY/PARISH <i>Ness</i>	STATE <i>KS</i>	CITY	DATE <i>2-6-25</i>	OWNER
2. TICKET TYPE <input checked="" type="checkbox"/> SERVICE <input type="checkbox"/> SALES	CONTRACTOR <i>STP</i>	RIG NAME/NO.	SHIPPED VIA <i>CT</i>	DELIVERED TO <i>location</i>	WELL PERMIT NO.	ORDER NO.	
3. WELL TYPE <i>oil</i>	WELL CATEGORY <i>Development</i>	JOB PURPOSE <i>Surface</i>	WELL LOCATION <i>Declar 9-N</i>		2-14, N-461-100		
4. REFERRAL LOCATION	INVOICE INSTRUCTIONS						

PRICE REFERENCE	SECONDARY REFERENCE/ PART NUMBER	ACCOUNTING			DESCRIPTION	MILEAGE	QTY.			UNIT PRICE	AMOUNT
		LOC	ACCT	DF			U/M	U/M	U/M		
<i>575</i>					<i>STP Cement</i>	<i>25 mi</i>				<i>8.00</i>	<i>200.00</i>
<i>576.5</i>					<i>pump charge</i>	<i>1 job</i>				<i>1200.00</i>	<i>1200.00</i>
<i>325</i>					<i>Benfoate Gel</i>	<i>150 SK</i>				<i>16.00</i>	<i>2400.00</i>
<i>279</i>					<i>Colman Chloride</i>	<i>3 SK</i>				<i>50.00</i>	<i>150.00</i>
<i>278</i>					<i>D-Air</i>	<i>7 SK</i>				<i>55.00</i>	<i>385.00</i>
<i>290</i>					<i>CMT Service Charge</i>	<i>2 gal</i>				<i>42.00</i>	<i>84.00</i>
<i>581</i>					<i>Min. Drayage</i>	<i>150 SK</i>				<i>2.00</i>	<i>300.00</i>
<i>582</i>						<i>14220/15</i>				<i>184.70</i>	<i>350.00</i>

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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.

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 *5069.00*

TOTAL *5205.84*

SWIFT OPERATOR *Robert Blake* APPROVAL _____

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

Thank You!

JOB LOG

SWIFT Services, Inc.

DATE 2-6-23 PAGE NO. 1

CUSTOMER *Mull* WELL NO. *1-32* LEASE *Mauch* JOB TYPE *Surface* TICKET NO. *35005*

CHART NO.	TIME	RATE (BPM)	VOLUME (BBL) (GAL)	PUMPS		PRESSURE (PSI)		DESCRIPTION OF OPERATION AND MATERIALS
				T	C	TUBING	CASING	
	18:30							ON location 8 5/8" Surface 220'
	19:20							Start Casing
	19:50							Break Circulation
	20:00	4	5			100		H2O Spacer
		4	36			100		mix 150SKS
			-0-					Start displacement
			16					CMT to surface
	20:15		13					plug down shut valve + Release psi
	20:20							Wash pump truck
	21:00							Job Complete Thanks! Preston, Kirby, John
								150SKS std, 270g, 370 CC used 20 to pit