KOLAR Document ID: 1705135

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 De	scription:	
Address 1:			.		Sec Tw	p S. R East West
Address 2:					Feet from	
City:	State:	Zip: +	.		Feet from	East / West Line of Section
Contact Person:				Footage	s Calculated from Neares	st Outside Section Corner:
Phone: ()					NE NW	SE SW
Type of Well: (Check one)		OG D&A Cathodi		,		
ENHR Permit #:	Gas Sto	rage Permit #:				
Is ACO-1 filed? Yes	No If not, is well	log attached? Yes				ved on: (Date)
Producing Formation(s): List A	ll (If needed attach another	sheet)				(KCC District Agent's Name)
Depth to	Top: Botto	m: T.D		Plugging	a Commenced:	
Depth to	Top: Botto	m: T.D		00 0		
Depth to	Top: Botto	m: T.D	'	. ragging	g completed.	
Show depth and thickness of a	all water, oil and gas forma	ations.				
Oil, Gas or Water	Records		Casing Re	cord (Su	urface, Conductor & Produc	tion)
Formation	Content	Casing	Size		Setting Depth	Pulled Out
Describe in detail the manner cement or other plugs were us		_				Is used in introducing it into the hole. If
Plugging Contractor License #	:		Name:			
Address 1:			Address 2:	:		
City:			5	State:		Zip:+
Phone: ()						
Name of Party Responsible for	r Plugging Fees:					
State of	County, _			, ss.		
	<i>3</i> , –			_	implayed of Onerster -	Operator on obeyed decertibed
	(Print Name)			E	imployee 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.



P. O. Box 466

Ness City, KS 67560

Off: 785-798-2300



Invoice

DATE	INVOICE#
3/2/2023	35929

BILL TO

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

- Acidizing
- Cement
- Tool Rental

TERMS	Well N	lo. Lease	County	Contractor	We	II Type	W	ell Category	Job Purpose	Operator
Net 30	#4-6	Weiland	Ellis	Express Well		Oil		Workover	PTA	David E
PRICE	REF.		DESCRIPT	ION		QT	Y	UM	UNIT PRICE	AMOUNT
575W 576W-P 290 275 328-4 581W 583W		Mileage - 1 Way Pump Charge - PTA D-Air Cotton Seed Hulls 60/40 Pozmix (4% C Service Charge Cem Drayage Subtotal Sales Tax Ellis Cour	Gel) ent			1	1 4 5 450 450	Miles Job Gallon(s) Sack(s) Sacks Sacks Ton Miles	8.00 1,200.00 42.00 40.00 13.00 2.00 1.00 7.00%	240.00T 1,200.00T 168.00T 200.00T 5,850.00T 900.00T 1,089.00T 9,647.00 675.29

We Appreciate Your Business!

Total

\$10,322.29



DDE	CITY, STATE, ZIP CODE
	ADDRESS
300 6 1:8 mind	CHARGE TO:

3592

STATE CITY						
ייי פייי					7	
CIVINICE	-	_	_	PAGE OF		
				ī		

	d on this ticket.	nd services liste	e materials a	iges receipt of th	CUSTOMER ACCEPTANCE OF MATERIALS AND SERVICES. The customer hereby acknowledges receipt of the materials and services listed on this ticket.	LS AND SERVICES	CE OF MATERIA	NOWER ACCEPTANT	000	
1000000		T TO RESPOND	COSTOMER DID NOT WISH TO RESPOND					1011	25	
11202 29	TOTAL	□ NO	SERVICE? VES	YOU SATISFIED	785-798-2300	785-	□ A.M.	TIME SIGNED	GNED	DATE SIGNED
675739	Sixiz		NT	WE OPERATED THE EQUIPMENT AND PERFORMED JOB CALCULATIONS SATISFACTORILY?		P.O. NESS CI	A TO	MUST BE SIGNED BY CUSTOMER OR CUSTOMER'S AGENT PRIOR TO START OF WORK OR DELIVERY OF GOODS.	MUST BE SIGNED BY CUSTOMER OR CUST START OF WORK OR DELIVERY OF GOODS	MUST BE START OF
			3	MET YOUR NEEDS? OUR SERVICE WAS PERFORMED WITHOUT DELAY?	SWIFT SERVICES, INC.	SWIFT SE	DEMINITE, SIIG	risions.	LIMITED WARRANTY provisions	LIMITE
26 476	PAGE TOTAL	UNDECIDED DISAGREE	Adulte	OUR EQUIPMENT PERFORMED WITHOUT BREAKDOWN?	REMIT PAYMENT TO:	REMIT P	s and agrees to of which include,	the terms and conditions on the reverse side hereof which include, but are not limited to PAYMENT RELEASE INDEMNITY and	not limited to PAY	the term
	<u>i</u>	_	Aces	SLIBVEV					TEDMO: Outline	200
1001		-								
1000	000	-	m 68	10	a ar	Dra				583
900	2000	-	45 6	7 45	e Charge Cemen	Service				58
0 800	13			AU	hormx 1 100	400				
2	500		5	D.	man chal	Lold			7	328-4
260 00	90		*	Cs	Sero Hulls	('otton				273
168	47 00	-	1 Cool	0	2	0-01				310
1200	1200 00	-	EA		hourge - Fra	Rimp			1	576
5 246 00	8 00		o mi	4	re 111	MILEAGE Y			5	57
AMOUNT	UNIT PRICE	QTY. U/M	QTY. U/M		DESCRIPTION	OF .	ACCOUNTING LOC ACCT I	SECONDARY REFERENCE/ PART NUMBER	REFERENCE P	REFE
					30028	4 C # 2		INVOICE INSTRUCTIONS	OCATIO	HEFERF
	**LLCOOM II CIV	,			PA	Workower		Oil		4
	WELLLOCATION	ON	WELL PERMIT NO	+	JOB PURPOSE	WELL CATEGORY	WEL	WELL TYPE		ω
	ORDER NO.	•	DELIVERED TO	SHIPPED DI	RIG NAME/NO.	Á	CONTRACTOR	SERVICE SERVICE	ess liky	2. /
OWNER	DATE <i>3-2-23</i>		TY	STAJE CITY	COUNTY/PARISH	Weiland		1,5	SERVICE LOCATIONS	SERVICE 1.
									and the same of the same of	

SWIFT OPERATOR

APPROVAL

Thank You!

PAGE NO. SWIFT Services. Inc. 10-6-23 JOB LOG WELL NO. CUSTOMER Citation Dil & Cons 4-6 Weiland PUMPS VOLUME (BBL) (GAL) PRESSURE (PSI) RATE TIME DESCRIPTION OF OPERATION AND MATERIALS TUBING T C CASING locarion 900 pump 65 5x CMT w/ low Hulls BACK OFF TRU @ 2523 2nd plug e 2523

pump 100 Sx CMT w/ 250 hulls 3rd plug e 1300 pump 200 sx cmr w/ 150 Hulls to Circ to surf. 300 JOB Complete Not staying full; will need topped off