

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



Services, Inc.

TICKET 36047

CHARGE TO: Mull Drg
 ADDRESS _____
 CITY, STATE, ZIP CODE _____

PAGE 1 OF 1

SERVICE LOCATIONS: Ness City, KS
 WELL/PROJECT NO.: 1-15
 LEASE: Richards Trust
 COUNTY/PARISH: LANS
 STATE: KS
 CITY: Dighton
 DATE: 4/6/2003
 OWNER: _____
 ORDER NO.: _____
 TICKET TYPE: SERVICE SALES
 CONTRACTOR: N/A
 FIG NAME/NO.: _____
 SHIPPED VIA: GT
 DELIVERED TO: Locations
 WELL TYPE: 01
 WELL CATEGORY: Workover
 JOB PURPOSE: Plug to Abandon
 WELL PERMIT NO.: _____
 WELL LOCATION: N/E of Dighton, KS
 REFERRAL LOCATION: _____
 INVOICE INSTRUCTIONS: _____

PRICE REFERENCE	SECONDARY REFERENCE/ PART NUMBER	ACCOUNTING			DESCRIPTION	MILEAGE	QTY.		UNIT PRICE	AMOUNT
		LOC	ACCT	DF			UM	UM		
575					Truck #115	40	1	M	8.00	320.00
576P					Ramp Charge - PTA	1	1	job	1,200.00	1,200.00
328-4					60/40 Pozmix 4% gel	190	1	sk	13.00	2470.00
290					D-Air	2	1	gal	42.00	84.00
581					Cement Sevice Charge	190	1	sk	2.00	380.00
582					Minimum Drayage Charge	1	1	job	350.00	350.00

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

DATE SIGNED: 4/6/2003 TIME SIGNED: 11:15
 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: 1 TOTAL: 5114.30

CUSTOMER ACCEPTANCE OF MATERIALS AND SERVICES The customer hereby acknowledges receipt of the materials and services listed on this ticket.
 SWIFT OPERATOR: Anderson Tucker APPROVAL: _____
 Thank You!

LOG

SWIFT Services, Inc.

DATE

PAGE NO.

4/15/2023 1

CUSTOMER

WELL NO.

LEASE

JOB TYPE

TICKET NO.

Mull Drlg Co

1-15

Richards Trust

Plug to Abandon

360247

CHART NO.	TIME	RATE (BPM)	VOLUME (BBL) (GAL)	PUMPS		PRESSURE (PSI)		DESCRIPTION OF OPERATION AND MATERIALS
				T	C	TUBING	CASING	
	0930							ON LOCATION 4 1/2"
								FL: 4,000
	1000	4	29		✓	0		Pump 29 bbl of H2O to 2200'
		4	49		✓	VAC		Mix 185 sks of 60/40 Pozmix 4% gel @ 13.1 ppq
								* Never loaded *
								* Will Have to Come back + Top off *
		1/2	1		✓	300		Plug BS w/ 5 sks
	1100							Wash up Truck #115
	1130							Job Complete
								190 sks of 60/40 Pozmix 4% gel used
								Will Have to top off @ LATER DATE
								THANKS!
								Steven Mack Taylor



CHARGE TO: Well Dlg Co
 ADDRESS
 CITY, STATE, ZIP CODE

TICKET 36049

PAGE 1 OF 1

1. SERVICE LOCATIONS <u>Ness City, KS</u>	WELL/PROJECT NO. <u># 1-15</u>	LEASE <u>Richards Trust</u>	COUNTY/PARISH <u>Lawe</u>	STATE <u>KS</u>	CITY <u>Dighton</u>	DATE <u>4/16/2003</u>	OWNER <u></u>
2. TICKET TYPE <input checked="" type="checkbox"/> SERVICE <input type="checkbox"/> SALES	CONTRACTOR <u>N/A</u>	RIG NAME/NO.	SHIPPED VIA <u>CT</u>	DELIVERED TO <u>Location</u>	WELL PERMIT NO.	ORDER NO.	
3. WELL TYPE <u>D-1</u>	WELL CATEGORY <u>Workover</u>	JOB PURPOSE <u>PTA-Top off</u>	WELL LOCATION <u>N/E of Dighton, KS</u>				
4. REFERRAL LOCATION	INVOICE INSTRUCTIONS						

PRICE REFERENCE	SECONDARY REFERENCE/ PART NUMBER	LOC	ACCT	DF	DESCRIPTION	QTY.		UNIT		AMOUNT
						UM	UM	PRICE		
<u>576</u>		<u>1</u>			MILEAGE <u>Trk #115</u>		<u>40</u>	<u>mi</u>	<u>8.00</u>	<u>320.00</u>
<u>576P</u>	<u>Rebar Ticket # 36049</u>	<u>1</u>			<u>Pump Charge - PTA</u>		<u>0</u>	<u>job</u>	<u>0.00</u>	<u>00.00</u>
<u>328-4</u>		<u>1</u>			<u>6040 Rezmix 4% gel</u>		<u>60</u>	<u>slks</u>	<u>13.00</u>	<u>780.00</u>
<u>290</u>		<u>1</u>			<u>D-Air</u>		<u>1</u>	<u>gal</u>	<u>42.00</u>	<u>42.00</u>
<u>581</u>		<u>1</u>			<u>Cement Service Charge</u>		<u>60</u>	<u>slks</u>	<u>2.00</u>	<u>120.00</u>
<u>582</u>		<u>1</u>			<u>Minimum Drayage Charge</u>		<u>1</u>	<u>job</u>	<u>350.00</u>	<u>350.00</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.
 X

DATE SIGNED 4/16/2003 TIME SIGNED 5:30 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	1	TOTAL	1732.90
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?	<input type="checkbox"/> YES	<input type="checkbox"/> NO					

CUSTOMER ACCEPTANCE OF MATERIALS AND SERVICES The customer hereby acknowledges receipt of the materials and services listed on this ticket.
 SWIFT OPERATOR Richard Fuchs APPROVAL Richard Fuchs
 Thank You!

PEAK WIRELINE SERVICES, INC.

7017

P.O. Box 864
 Cheyenne Wells, CO 80810
 Phone 719-767-8707
 Fax 719-767-5522

REMIT TO:

DATE 3-31-2023

PEAK

Invoice

CHARGE TO: Mull Drilling Company

ADDRESS _____

LEASE AND WELL NO. RICHARDS TEST 1-15 FIELD _____

NEAREST TOWN _____ COUNTY LANE STATE KS

CUSTOMER'S ORDER NO. KYLE RANDA SEC. _____ TWP. _____ RANGE _____

ZERO K.B CASING SIZE 4 1/2 WEIGHT _____

CUSTOMER'S T.D. _____ PEAK WL SERVICES T.D. _____ FLUID LEVEL _____

ENGINEER VANDERSON OPERATOR _____

PERFORATING					
CODE REFERENCE	DESCRIPTION	NO HOLES	DEPTH FROM TO		AMOUNT

PLUGS, PACKERS, AND OTHER					
CODE REFERENCE	MFG. TYPE	CASING SIZE	WEIGHT	DEPTH	AMOUNT
<u>143005</u>	<u>LELACU</u>			<u>4160</u>	
<u>153000</u>	<u>Demp</u>	<u>4 1/2</u>		<u>4160</u>	

MATERIAL INVENTORY					
<u>634</u> <u>4-3-23</u>					

TRUCK RENTAL					
CODE REFERENCE	RUN NO.	PREVIOUS INVOICE NO.		AMOUNT	
<u>102995</u>	<u>ONE</u>				
DEPTH OF OPERATIONS CHARGES					
CODE REFERENCE	FROM	TO	NO. FEET	PRICE PER FT.	AMOUNT
<u>142005</u>	<u>00</u>	<u>4160</u>	<u>4160</u>		
<u>SETTING CHARLIE</u>					
SUB TOTAL					<u>2800</u>
TAX					<u>210</u>
PLEASE PAY FROM THIS INVOICE TOTAL					<u>3020</u>

RECEIVED THE ABOVE SERVICE ACCORDING TO THE TERMS AND CONDITIONS SPECIFIED BELOW WHICH WE HAVE READ AND TO WHICH WE HEREBY AGREE.

Customer [Signature]

General Terms and Conditions

- All accounts are to be paid within the terms fixed by Peak Wireline Services invoices; and should these terms not be observed, interest at the rate of 1.5% per month will be charged from the date of such invoice.
- Because of the uncertain conditions existing in a well which are beyond the control of Peak Wireline Services, it is understood by the customer that Peak Wireline Services cannot guarantee the results of their service and will not be held responsible for personal or property damage in the performance of their services.
- Should any of Peak Wireline Services instruments be lost or damaged in the performance of the operation requested, the customer agrees to make every reasonable effort to recover same, and to reimburse Peak Wireline Services for the value of the items which cannot be recovered, or the cost of repairing damage to items recovered.
- It is further understood and agreed that all depth measurements shall be supervised by the customer or its employees and customer hereby certifies that the zones, as shot were approved.
- The customer certifies that it has the full right and authority to order such work on such well and that the well in which the work is to be done by Peak Wireline Services is in proper and suitable conditions for the performance of said work.
- No employee is authorized to alter the terms or conditions of this agreement.