

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



P. O. Box 466
Ness City, KS 67560
Off: 785-798-2300

Invoice

DATE	INVOICE #
8/17/2023	36323

BILL TO
Carmen Schmitt, Inc. P. O. Box 47 915 Harrison Great Bend, KS 67530-0047

- Acidizing
- Cement
- Tool Rental

TERMS	Well No.	Lease	County	Contractor	Well Type	Well Category	Job Purpose	Operator
Net 30	#1-7	Jill	Decatur	Murfin	Oil	Development	PTA	David E
PRICE REF.		DESCRIPTION			QTY	UM	UNIT PRICE	AMOUNT
575D	Mileage - 1 Way				120	Miles	8.00	960.00
576D-P	Pump Charge - PTA				1	Job	1,200.00	1,200.00
290	D-Air				3	Gallon(s)	42.00	126.00T
328-4	60/40 Pozmix (4% Gel)				255	Sacks	13.00	3,315.00T
276	Flocele				50	Lb(s)	4.00	200.00T
581D	Service Charge Cement				255	Sacks	2.00	510.00
583D	Drayage				1,235	Ton Miles	1.00	1,235.00
410-8	8 5/8" Top Plug				1	Each	180.00	180.00T
		Subtotal						7,726.00
		Sales Tax Decatur County						286.58
<p style="text-align: center;">7/10/43 20344, 0107 BCP Well Rig "Cement to Plus"</p>								

We Appreciate Your Business!

Total

\$8,012.58

SWIFT

Services, Inc.

TICKET

36323

CHARGE TO:	Carrie Schmidt
ADDRESS	
CITY, STATE, ZIP CODE	

PAGE 1 OF

SERVICE LOCATIONS	WELL PROJECT NO.	LEASE	COUNTY/PARISH	STATE	CITY	DATE	OWNER
1. Ness City	1-7	511	Decatur	KS		8-17-23	
2. Ness City	TICKET TYPE	CONTRACTOR	RIG NAME/NO.	SHIPPED	DELIVERED TO	ORDER NO.	
3. Ness City	<input type="checkbox"/> SERVICE <input type="checkbox"/> SALES	Murkin			Location		
4. Ness City	WELL TYPE	WELL CATEGORY	JOB PURPOSE		WELL PERMIT NO.	WELL LOCATION	
REFERRAL LOCATION	INVOICE INSTRUCTIONS						

PRICE REFERENCE	SECONDARY REFERENCE/ PART NUMBER	ACCOUNTING		DESCRIPTION		QTY.	U/M	QTY.	U/M	UNIT PRICE	AMOUNT
		LOC	ACCT	DF	MILEAGE						
575		1		120 mi		8	40	960	40		
576P		1		Pump Charge - Pro		1	EA	1200	00	1200	00
290		1		D - Air		3	box	42	00	126	00
328-4		2		60/40 Pump 4% 6cc	255 5x	13	00	3315	00		
276		2		Flocc	50 lbs	4	00	200	00	200	00
581		2		Service Charge Cnt	255 5x	2	00	510	00	510	00
583		2		Drayage	1235 1m	1	00	1235	00	1235	00
410				Top Plug - 8 5/8		1	EA	180	00	180	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

REMIT PAYMENT TO:

SURVEY
OUR EQUIPMENT PERFORMED
WITHOUT BREAKDOWN?

AGREE
UNDECIDED
DISAGREE

PAGE TOTAL

7726
00

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

TOTAL

8012
58

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

Thank You!

SWIFT OPERATOR


APPROVAL

JOB LOG

SWIFT Services, Inc.

DATE 8-17-23 PAGE NO. 2