

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



CHARGE TO: Charter Energy
 ADDRESS
 CITY, STATE, ZIP CODE

TICKET **36096**
 PAGE 1 OF 1

SERVICE LOCATIONS

1. Ness City, KS WELL/PROJECT NO. #3515D LEASE Yost - Timmons COUNTY/PARISH Rice STATE KS CITY Cranesville DATE 8/14/2023 OWNER
 2. TICKET TYPE SERVICE CONTRACTOR Professional RIG NAME/NO. SHIPPED VIA at DELIVERED TO Locanov ORDER NO.
 3. WELL TYPE Oil WELL CATEGORY Workover JOB PURPOSE Plug to Abandon WELL PERMIT NO. WELL LOCATION Cranesville 1-S, 15-E
 4. REFERRAL LOCATION INVOICE INSTRUCTIONS 5-YARD

PRICE REFERENCE	SECONDARY REFERENCE/ PART NUMBER	ACCOUNTING			DESCRIPTION	QTY.	U/M	QTY.	U/M	UNIT PRICE	AMOUNT
		LOC	ACCT	DF							
<u>576</u>					MILEAGE <u>Truck #115</u>					<u>8.00</u>	<u>800.00</u>
<u>576P</u>					<u>Pump Charge- PTA</u>					<u>1.200</u>	<u>1,200.00</u>
<u>328-4</u>					<u>60440 Pozmix 44 gal.</u>					<u>18.00</u>	<u>800.00</u>
<u>325</u>					<u>STANDARD Cement</u>					<u>16.00</u>	<u>800.00</u>
<u>278</u>					<u>Calcium Chloride</u>					<u>55.00</u>	<u>165.00</u>
<u>290</u>					<u>D-Air</u>					<u>42.00</u>	<u>126.00</u>
<u>275</u>					<u>Cotton Seed Hulls</u>					<u>40.00</u>	<u>40.00</u>
<u>581</u>					<u>Cement Service Charge</u>					<u>2.00</u>	<u>440.00</u>
<u>583</u>					<u>Drayage</u>					<u>1.00</u>	<u>1,006.00</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 8/21/2023 TIME SIGNED 6:15 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? YES NO

WE UNDERSTOOD AND MET YOUR NEEDS? YES NO

OUR SERVICE WAS PERFORMED WITHOUT DELAY? YES NO

WE OPERATED THE EQUIPMENT AND PERFORMED JOB CALCULATIONS SATISFACTORILY? YES NO

ARE YOU SATISFIED WITH OUR SERVICE? YES NO

PAGE TOTAL 1 TAX 10995.00 TOTAL 11495.00

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

SWIFT OPERATOR Julian Fuchs APPROVAL

Thank You!

JOB LOG

SWIFT Services, Inc.

DATE 8/2/2023	PAGE NO. 1
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CUSTOMER CHARTER		WELL NO. #3 SWD	LEASE Yost-Timmons	JOB TYPE Plug to Abandon		TICKET NO. 36096
CHART NO.	TIME	RATE (BPM)	VOLUME (BBL) (GAL)	PUMPS		DESCRIPTION OF OPERATION AND MATERIALS
				T	C	
				PRESSURE (PSI)		
				TUBING	CASING	
	1430					ON LOCATION 2 7/8" x 5 1/2"
	1500	3	10.5	✓	100	Plug @ 1,042' w/ 50 sks of STANDARD CEMENT w/ 2% CL
	1630					WAIT 90 mins TO tag CMT
	1630					Went to tag * Did NOT Feel TAG*
		Ø	.25	✓	250	P Test on 7b * Hold 250 PSI* TOH R CMT Plugged up 6b
	1815					Wash up Truck
	1830					Job Complete
						50 sks w/ 2% CL used
						THANKS!
						Gideon, Tyler, Josh

JOB LOG

SWIFT Services, Inc.

DATE 8-4-23	PAGE NO. 1
TICKET NO. 36096	

CUSTOMER Charter Energy	WELL NO. SWD #3	LEASE Yost-Timmons	JOB TYPE PTA
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CHART NO.	TIME	RATE (BPM)	VOLUME (BBL) (GAL)	PUMPS		PRESSURE (PSI)		DESCRIPTION OF OPERATION AND MATERIALS
				T	C	TUBING	CASING	
	7:45							ON location 2 3/8" 5 1/2"
	8:10		5 10.5	✓	✓			465' 692' HAD spacer mix 50 SK STD, 2% CC @ 15.5 pp9 dis place CMT
	8:30		34	✓				465' mix 135 SK of 60/40 4% g-1 @ 13.2 pp9 circulate to surface
	9:00		2 1/2					Topoff 10 SK
	9:30							Job Complete Thanks! Preston, Kirby, Josh