KOLAR Document ID: 1740610

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 #:			AF	PI No. 1	5	
Name:						
Address 1:			_		Sec Tv	vp S. R East West
Address 2:			_		Feet from	North / South Line of Section
City:	State:	Zip: +	_		Feet from	East / West Line of Section
Contact Person:			Fo	otages	Calculated from Neare	st Outside Section Corner:
Phone: ()					NE NW	SE SW
Type of Well: (Check one)		OG D&A Cathodic	Co	,		Well #:
ENHR Permit #:	Gas Sto	rage Permit #:				
Is ACO-1 filed? Yes	No If not, is well	log attached? Yes			•	oved on: (Date)
Producing Formation(s): List A	II (If needed attach another	sheet)	by	:		(KCC District Agent's Name)
Depth to	Top: Botton	m: T.D	_{Pli}	ıaaina	Commenced:	
Depth to	Top: Botto	m: T.D		00 0		
Depth to	Top: Botto	m:T.D	' '	agging	Completed.	
Show depth and thickness of a	all water, oil and gas forma	ations.				
Oil, Gas or Water	Records		Casing Reco	rd (Sun	face, Conductor & Produc	ction)
Formation	Content	Casing	Size		Setting Depth	Pulled Out
cement or other plugs were us		-				ds used in introducing it into the hole. If
Plugging Contractor License #	::		Name:			
Address 1:			Address 2: _			
City:			Sta	ate:		Zip:+
Phone: ()						
Name of Party Responsible fo	r Plugging Fees:					
State of	County, _		, s	SS.		
			Г	_	nployee of Operator or	Operator on above-described well,
	(Print Name)			=[]	inproyee or 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#				
12/6/2023	36412				

BILL TO

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

- Acidizing
- Cement

\$10,096.15

• Tool Rental

TERMS	Well N	۷o.	Lease	County	Contractor	We	ll Type	W	ell Category	Job Purpose	Operator
Net 30	#1-1	9	Stoll	Thomas			Oil		Workover	PTA	Jonathan
PRICE	REF.		<u> </u>	DESCRIPT	ION		QTY	Y	UM	UNIT PRICE	AMOUNT
575W 576W-P 290 328-4 279 275 581W 583W		Pur D-A 60/A Ber Cot Ser Dra	40 Pozmix (4% Contonite Gel ton Seed Hulls vice Charge Cem ayage ototal es Tax Thomas C	eel) ent				80 1 3 320 11 6 450	Miles Job Gallon(s) Sacks Sack(s) Sack(s)	8.00 1,200.00 42.00 13.00 50.00 40.00 2.00 1.00 8.25%	640.00T 1,200.00T 126.00T 4,160.00T 550.00T 240.00T 900.00T 1,510.70T 9,326.70 769.45



	ADDRESS	CHARGE TO: CARMEN Sohmitt Inc
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36412

Services, Inc.	•	CITY, STATE, ZIP CODE					PAGE	On
SERVIGE LOCATIONS	WELL/PROJECT NO.	LEASE 54)	COUNTY/PARISH	STATE CITY		>	DATE 01	OWNER Same
2 Ness City, Ks	TICKET TYPES THE SERVICE SALES CONTRACTOR	TOR	RIG NAME/NO.	SHIPPED DELIV	DELIVERED TO	0		
4. 3.	WELL TYPE	WELL CATEGORY	JOB PURPOSE Plua To Aba	Abandon WEL	WELL PERMIT NO.	€	WELL LOCATION	
REFERRAL LOCATION	INVOICE INSTRUCTIONS							
PRICE SECONDAR	SECONDARY REFERENCE/ ACCO	ACCOUNTING DE	DESCRIPTION	ΩΤΥ.	W/U	QTY. U/M	UNIT PRICE	AMOUNT
575		MILEAGE Truck # 113	人 井 11/3	8	80 mi		<u> 8</u> 00	(4) S
\$7 <u>1</u> 6}		Punt Cha	way-PTA		2	_	1200	1000 B
280	Princeral .	D-1Air-	Ar		3/21		42 00	126
328-4	ນ	60/40 8	60/40 Pozmix (40/0 Gzl)	بي	320514	+	88 E1	#/16/1/#
279		Bentomte Ge	<u>G</u>		11 5/13		28 85 80	550)
275		Cotton Seed	eed Halls		61385	-	<i>46</i> €	* 24/ ea
7	,				100) \$	OW B
583	λ)	DEAUA	Drauge (1		1816,2017/1		18	1510 70
LEGAL TERMS: Customer hereby acknowledges and agrees to the terms and conditions on the reverse side hereof which include,	reby acknowledges and agr reverse side hereof which in		REMIT PAYMENT TO:	SURVEY OUR EQUIPMENT PERFORMED WITHOUT BREAKDOWN?	ļ	UNDECIDED DISAGREE	PAGE TOTAL	9,326 20
LIMITED WARRANTY provisions.	NI, ACEDASC, INSCININI AS.		SWIFT SERVICES, INC.	MET YOUR NEEDS? OUR SERVICE WAS PERFORMED WITHOUT DELAY?				•
MUST BE SIGNED BY CUSTOMER OR CUSTOMER'S AGENT PRIOR TO START OF WORK OR DELIVERY OF GOODS.	STOMER'S AGENT PRIOR TO DS.	P.O. NESS CI	P.O. BOX 466 NESS CITY, KS 67560	WE OPERATED THE EQUIPMENT AND PERFORMED JOB CALCULATIONS SATISFACTORILLY?			Moms	34 016
DATE SIGNED	TIME SIGNED []	□ A.M. 785-	785-798-2300	CO SATISFIED	HSIM LON	TO RESPOND	TOTAL	1000 -
custo	MER ACCEPTANCE OF M	ATERIALS AND SERVICES 1	CUSTOMER ACCEPTANCE OF MATERIALS AND SERVICES The customer hereby acknowledges receipt of the materials and services listed on this ticket.	iges receipt of the	materials and	services listed	on this ticket.	
77:	1							

SWIFT OPERATOR

APPROVAL

Thank You!