

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



Please Remit To:
 P.O. Box 549
 Hays, KS 67601
 Phone: (785) 628-6395
 Fax: (785) 628-3651

FIELD TICKET No. - 8552

DATE 2-28-24
 UNIT # ~~8728~~ 8728

INVOICE NO.		P.O. NO.	AFE NO.
CUSTOMER <u>Grand Mesa Operating</u>		LEASE <u>F005</u>	WELL NO.
ADDRESS		FIELD	STATE <u>KS</u> COUNTY <u>Ness</u>
		LOCATION	
CITY		CASING SIZE & WT. <u>5 1/2</u>	TBG. SIZE
STATE	ZIP	TYPE OF JOB	

ORDERED BY		TITLE			SERVICE SUPV.	
PART NO.	DESCRIPTION	REV. CODE	QTY.	UNIT PRICE	AMOUNT	
	<u>Service Charge</u>					
	<u>5 1/2 CIBP</u>		<u>4180</u>			
	<u>2.5x Cement</u>					
	<u>Dump Bailer</u>		<u>9180</u>			
<u>3/8 Slick</u>	<u>12' SHOTS @ 1450</u>					
	<u>5 1/2 CIBP</u>		<u>1500</u>			
3/8 Slick	30' SHOTS @ 2700					

CALLED OUT		ON LOCATION		COMPLETED		TOTAL SERVICE & MATERIALS	
_____ Time	_____ Time	_____ Time	_____ Time	DISCOUNT			
_____ Date	_____ Date	_____ Date	_____ Date	TAX			
*ACCIDENT REPORT MUST BE ATTACHED WHEN NOT SIGNED						TOTAL CHARGES	

WITH MY INITIALS, I CONFIRM THAT THE TIME SHOWN IN THE "HOURS" COLUMN, ACCURATELY REFLECTS MY COMPENSABLE TIME.

Employee Name (Print)	Hours	Initials
<u>Thomason, Henderson</u>		
<u>Fischer</u>	<u>7.5</u>	<u>[Signature]</u>

CUSTOMER AGREES to pay (the "Company") on a net 45 day basis from date of invoice to avoid loss of discount. Invoices older than 45 days are subject to loss of discount on ticket. If Customer disputes any item invoiced, Customer shall, within 20 days after receipt, notify the Company of the item(s) disputed, specifying the reason(s) therefor; payment of the disputed item(s) may be withheld until settlement of dispute, but payment of undisputed portion of invoice shall be made without delay. All payments shall be made at the address shown on the reverse side of this document. In the absence of a separate written contract, CUSTOMER REPRESENTATIVE REPRESENTS AND WARRANTS THAT HE/SHE IS AUTHORIZED TO ENTER INTO THIS AGREEMENT ON BEHALF OF CUSTOMER AND ACCEPTS ALL TERMS AND CONDITIONS AS PRINTED ON THE REVERSE SIDE OF THIS DOCUMENT (WHICH INCLUDES INDEMNITY LANGUAGE THAT ALLOCATES RISKS RELATED TO THE ABOVE DESCRIBED SERVICES). Pricing and extensions, if shown above, are subject to verification and correction at time of invoicing.

[Signature]

X _____
 CUSTOMER REPRESENTATIVE

White - Main Canary - Customer Pink - Field

JOB LOG

SWIFT Services, Inc.

DATE 2-28-24 / PAGE NO. 1

CUSTOMER Grand Mesa WELL NO. 5-36 LEASE Foos JOB TYPE PTA TICKET NO. 36928

CHART NO.	TIME	RATE (BPM)	VOLUME (BBL) (GAL)	PUMPS		PRESSURE (PSI)		DESCRIPTION OF OPERATION AND MATERIALS
				T	C	TUBING	CASING	
	9:45							ON location
								5 1/2" CSG Perf 1450'
								CI DP 4180' NO hold
								" " 1500'
	11:30							Wait For Walder
	13:30	1 1/2				550		1450' injection Rate
	13:35		80					mix 300 sis 60/40oz 49ozel to surface
	14:45							Wash pump truck
	15:30							Job Complete
								Thanks!
								Preston Kirby Austin