

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

SCHOONOVER #1-3
PTA

Invoice



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



DATE	INVOICE #
2/14/2024	36869

BILL TO
Vincent Oil Corporation 200 W. Douglas, Ste 725 Wichita, KS 67202

- Acidizing
- Cement
- Tool Rental

TERMS	Well No.	Lease	County	Contractor	Well Type	Well Category	Job Purpose	Operator
Net 30	#1-3	Schoonover	Ford	Fritzler	Oil	Workover	PTA	Preston
PRICE REF.	DESCRIPTION				QTY	UM	UNIT PRICE	AMOUNT
575W	Mileage - 1 Way				80	Miles	8.00	640.00T
576W-P	Pump Charge - PTA				1	Job	1,250.00	1,250.00T
328-4	60/40 Pozmix (4% Gel)				140	Sacks	14.00	1,960.00T
290	D-Air				1	Gallon(s)	45.00	45.00T
581W	Service Charge Cement				150	Sacks	2.00	300.00T
583W	Drayage				502	Ton Miles	1.00	502.00T
	Subtotal							4,697.00
	Sales Tax Ford County						7.50%	352.28
We Appreciate Your Business!							Total	\$5,049.28



TICKET 36869

PAGE 1 OF 1

CHARGE TO: *Vincent oil*
 ADDRESS:
 CITY, STATE, ZIP CODE:

SERVICE LOCATIONS
 1. *Ness City*
 2.
 3.
 4.

WELL/PROJECT NO. *1-3*
 COUNTY/PARISH *Ford*
 RIG NAME/NO. *Schaanover*
 JOB PURPOSE *PTA*

TICKET TYPE
 SERVICE
 SALES

CONTRACTOR *Fritzer*
 WELL TYPE *oil*
 WELL CATEGORY *Workover*
 WELLS PERMIT NO. *5-into*

INVOICE INSTRUCTIONS

STATE *KS*
 CITY
 DELIVERED TO *location*
 ORDER NO.
 WELL LOCATION *Ford 1-N, 34-4*

PRICE REFERENCE	SECONDARY REFERENCE/ PART NUMBER	ACCOUNTING LOC ACCT DF	DESCRIPTION	QTY.	U/M	QTY.	U/M	UNIT PRICE	AMOUNT
575		1	MILEAGE Truck 112	80	mi			8.00	640.00
576 P		1	pump charge - PTA	1	Job			1250.00	1250.00
328-4		1	60/40 prez 48gal	140	sk			14.00	1960.00
290		1	D-Air	1	gal			45.00	45.00
581		1	CMT Service Charge	150	sk			2.00	300.00
583		1	Drayage	1255	lbs	502	TN	1.00	502.00

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 *[Signature]* TIME SIGNED *2/14/2014* 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 *4697.00*
 TOTAL *5249.28*

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

SWIFT OPERATOR *[Signature]* APPROVAL

Thank You!

JOB LOG

SWIFT Services, Inc.

DATE	PAGE NO.
2-14-24	1
TICKET NO. 36869	

CUSTOMER Vincent Oil	WELL NO. 1-3	LEASE Schaarover	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	
	9:00							ON location 2 3/8" 5 1/2" CIBP 5040" 100K CIBP 1520' (Hold)
	10:05		34	✓				load hole
	10:20			✓		500		Test leak.
	13:30							set new CIBP @ 1520'
	14:25			✓				1500'
			3	✓				H2O
			13	✓				mix 50SK displace CMT 500'
	15:00				✓		300	15 SK down Annulus
	15:20							480'
			17	✓				circulate CMT to surface 65 SKS
	15:45							Top off 10 SK
	16:00							wash pump truck
	16:30							Job Complete Thanks! Preston, Ricky, Austin
								140 SKs 60/40 4%gel used