

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



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



Invoice

DATE	INVOICE #
2/19/2024	36873

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	#2-3	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)				130	Sacks	14.00	1,820.00T
290	D-Air				2	Gallon(s)	45.00	90.00T
581W	Service Charge Cement				150	Sacks	2.00	300.00T
583W	Drayage				502	Ton Miles	1.00	502.00T
	Subtotal							4,602.00
	Sales Tax Ford County						7.50%	345.15
We Appreciate Your Business!						Total		\$4,947.15



TICKET 36873

PAGE 1 OF 1

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

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

WELL/PROJECT NO. 2-3
 CONTRACTOR Fritzel
 WELL TYPE oil
 INVOICE INSTRUCTIONS

LEASE SCARCOVER
 COUNTY/PARISH Ford
 RIG NAME/NO.
 STATE KS
 SHIPPED VIA CT
 CITY DELIVERED TO location
 WELL PERMIT NO.
 WELL LOCATION Ford 8-N
 3 1/2-62 5-into

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
576P		1		pump charge PTA	1	Job			1250.00	1250.00
328-4		1		60/40 proz 9/8 gal	130	SK			14.00	1820.00
290		1		0-Air	2	gal			45.00	90.00
581		1		CMT Service Charge	150	SK			2.00	300.00
583		1		Drayage	1255	hrs			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 2/19/2014 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 4320.00
 4002.00

TAX 345.15

TOTAL 4947.15

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

SWIFT OPERATOR [Signature] APPROVAL [Signature]

Thank You!

JOB LOG

SWIFT Services, Inc.

DATE 2-19-24 PAGE NO. 1

CUSTOMER Vincent Oil WELL NO. 2-3 LEASE Shannonover JOB TYPE RTA TICKET NO. 36873

CHART NO.	TIME	RATE (BPM)	VOLUME (BBL) (GAL)	PUMPS		PRESSURE (PSI)		DESCRIPTION OF OPERATION AND MATERIALS
				T	C	TUBING	CASING	
	12:30							ON location 2 3/8" 8 5/8"
	12:45		5 13	✓ ✓				1st @ 1475' H2O spacer mix 50 SKS 60/40 por 4% gel displace CRT
	13:30		2 13	✓ ✓				2nd @ 690' H2O spacer mix 50 SKS 3rd/60' to surface
	14:00		2 5 1/2	✓ ✓				H2O spacer mix 20 SKS Top off 10 SK
	14:15							Wash pump truck
	14:30							Job complete Thanks! Proctor, Kirby, Jon
								130 SKS 60/40 por 4% gel used