

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 #
2/29/2024	36531

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

- Acidizing
- Cement
- Tool Rental

TERMS	Well No.	Lease	County	Contractor	Well Type	Well Category	Job Purpose	Operator
Net 30	#1-29	Kamla Unit	Cheyenne	H-D Oilfield	Oil	Workover	PTA	David E

PRICE REF.	DESCRIPTION	QTY	UM	UNIT PRICE	AMOUNT
575W	Mileage - 1 Way	150	Miles	8.00	1,200.00T
576W-P	Pump Charge - PTA	1	Job	1,250.00	1,250.00T
290	D-Air	5	Gallon(s)	45.00	225.00T
279	Bentonite Gel	10	Sack(s)	30.00	300.00T
275	Cotton Seed Hulls	6	Sack(s)	40.00	240.00T
328-4	60/40 Pozmix (4% Gel)	500	Sacks	14.00	7,000.00T
581W	Service Charge Cement	500	Sacks	2.00	1,000.00T
583W	Drayage	3,026	Ton Miles	1.00	3,026.00T
	Subtotal				14,241.00
	Sales Tax Cheyenne County			8.50%	1,210.49

*7/0/43
20146.0129
Well file
Cement to plug*

We Appreciate Your Business!	Total	\$15,451.49
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CHARGE TO: *Carmen Schmitt*

ADDRESS

CITY, STATE, ZIP CODE

TICKET 36531

PAGE 1 OF

1. SERVICE LOCATIONS <i>Hays</i>	WELL/PROJECT NO. <i>F-29</i>	LEASE <i>Kamla Unit</i>	COUNTY/PARISH <i>Cheyenne</i>	STATE <i>KS</i>	CITY	DATE <i>2-29-24</i>	OWNER
2. <i>Ness City</i>	TICKET TYPE <input type="checkbox"/> SERVICE <input type="checkbox"/> SALES	CONTRACTOR <i>HIS</i>	RIG NAME/NO.	SHIPPED VIA <i>CR</i>	DELIVERED TO <i>LOCATION</i>	ORDER NO.	
3.	WELL TYPE <i>oil</i>	WELL CATEGORY <i>Workover</i>	JOB PURPOSE <i>PRA</i>	WELL PERMIT NO.	WELL LOCATION		
4.	REFERRAL LOCATION	INVOICE INSTRUCTIONS					

PRICE REFERENCE	SECONDARY REFERENCE/ PART NUMBER	ACCOUNTING			DESCRIPTION	QTY. U/M		UNIT PRICE	AMOUNT
		LOC	ACCT	DF		QTY.	U/M		
<i>575</i>		<i>1</i>			MILEAGE <i>TRK 181</i>	<i>150</i>	<i>mi</i>	<i>8.00</i>	<i>1200.00</i>
<i>576P</i>		<i>1</i>			<i>Pump Charge - PRA</i>	<i>1</i>	<i>EA</i>	<i>1250.00</i>	<i>1250.00</i>
<i>290</i>		<i>1</i>			<i>D-Air</i>	<i>5</i>	<i>Gal</i>	<i>45.00</i>	<i>225.00</i>
<i>279</i>		<i>1</i>			<i>Bentonite Gel</i>	<i>10</i>	<i>SX</i>	<i>30.00</i>	<i>300.00</i>
<i>275</i>		<i>1</i>			<i>Cotton Seed Hells</i>	<i>6</i>	<i>SX</i>	<i>40.00</i>	<i>240.00</i>
<i>328-4</i>		<i>2</i>			<i>60/40 Pozmix 4% Gel</i>	<i>500</i>	<i>SX</i>	<i>14.00</i>	<i>7000.00</i>
<i>581</i>		<i>2</i>			<i>Service Charge CNT</i>	<i>500</i>	<i>SX</i>	<i>2.00</i>	<i>1000.00</i>
<i>583</i>		<i>2</i>			<i>Drayage</i>	<i>3026</i>	<i>TM</i>	<i>1.00</i>	<i>3026.00</i>

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 TIME SIGNED A.M. P.M.

REMIT PAYMENT TO:

SWIFT SERVICES, INC.
P.O. BOX 466
NESS CITY, KS 67560
785-798-2300

SURVEY	AGREE	UNDECIDED	DISAGREE	PAGE TOTAL	<i>14241.00</i>
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?				<i>Cheyenne</i>	<i>1210.49</i>
ARE YOU SATISFIED WITH OUR SERVICE?	<input type="checkbox"/> YES	<input type="checkbox"/> NO		TOTAL	<i>15451.49</i>
<input type="checkbox"/> CUSTOMER DID NOT WISH TO RESPOND					

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

SWIFT OPERATOR APPROVAL

[Handwritten Signature]

Thank You!

JOB LOG

SWIFT Services, Inc.

DATE 2-29-24 PAGE NO.

CUSTOMER Carmen Schmitt WELL NO. 1-29 LEASE Kramls Unit JOB TYPE PTA TICKET NO. 36531

CHART NO.	TIME	RATE (BPM)	VOLUME (BBL) (GAL)	PUMPS		PRESSURE (PSI)		DESCRIPTION OF OPERATION AND MATERIALS
				T	C	TUBING	CASING	
	1200							On location
								TBh - 2 ³ / ₈
								Csg - 5 ¹ / ₂
		5	20			1800		1st Plug -
		5	8			1800		pump 75 sx cmt w/ 300 hulls
								Disp
		5	30			1500		2nd Plug - 3950
								pump 1000 # Bentonite GEL
		5	40			1000		3rd plug - 3175
								pump 150 sx cmt w/ 200 Hulls
		5	40			400		4th plug - 1600'
								pump 150 sx cmt w/ 100 hulls
								Circ to Surf.
								T.O.O.H w/ TBh
								Hook up to 8 ⁵ / ₈
			26			350		pump 100 sx cmt
								top off 5 ¹ / ₂ - 25 sx
								JOB Complete
								Thanks
								David, SEM & Jan