

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 #
4/3/2024	36947

BILL TO
Trans Pacific Oil Corporation 100 S Main, Suite 200 Wichita, KS 67202

- Acidizing
- Cement
- Tool Rental

TERMS	Well No.	Lease	County	Contractor	Well Type	Well Category	Job Purpose	Operator
Net 30	#1	Quenzer	Ness	Bojack	Oil	Workover	PTA	Preston

PRICE REF.	DESCRIPTION	QTY	UM	UNIT PRICE	AMOUNT
575W	Mileage - 1 Way	40	Miles	8.00	320.00T
576W-P	Pump Charge - PTA	1	Job	1,250.00	1,250.00T
328-4	60/40 Pozmix (4% Gel)	245	Sacks	14.00	3,430.00T
290	D-Air	2	Gallon(s)	45.00	90.00T
275	Cotton Seed Hulls	6	Sack(s)	40.00	240.00T
581W	Service Charge Cement	275	Sacks	2.00	550.00T
583W	Drayage	460	Ton Miles	1.00	460.00T
	Subtotal				6,340.00
	Sales Tax Ness County			6.50%	412.10

APR 08 2024

ENTERED

We Appreciate Your Business!	Total 4/10 \$6,752.10
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CHARGE TO: *Texas Rec Oil*
 ADDRESS
 CITY, STATE, ZIP CODE

TICKET 36947

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

PAGE 1 OF 1

SERVICE LOCATIONS
 1. *Ness City* WELL/PROJECT NO. *#1* LEASE *Queenzer* COUNTY/PARISH *Ness* STATE *KS* CITY *Ness* DATE *4-3-24* OWNER
 2. TICKET TYPE SERVICE CONTRACTOR *Bo Jack* RIG NAME/NO. SHIPPED VIA *CT* DELIVERED TO *location* ORDER NO.
 3. WELL TYPE *oil* WELL CATEGORY *Workover* JOB PURPOSE *DTA* WELL PERMIT NO.
 4. REFERRAL LOCATION INVOICE INSTRUCTIONS

PRICE REFERENCE	SECONDARY REFERENCE/ PART NUMBER	ACCOUNTING LOC ACCT DF	DESCRIPTION	QTY. U/M			UNIT PRICE	AMOUNT			
				QTY.	U/M	QTY.			U/M		
575		1	MILEAGE <i>Tanker 112</i>	40	mi		\$1.00	320.00			
576		1	<i>pump change (P TA)</i>	1	job		1250.00	1250.00			
328		1	<i>60/40 poz 41 gal</i>	245	SK		14.00	3430.00			
290		1	<i>D-415</i>	2	gal		45.00	90.00			
275		1	<i>Cotton Seed Hulls</i>	6	SK		40.00	240.00			
581		1	<i>Service Change CMT</i>	275	SK		2.00	550.00			
583		1	<i>Prayage</i>	230	lbs		4.60	460.00			
<p>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.</p> <p>MUST BE SIGNED BY CUSTOMER OR CUSTOMER'S AGENT PRIOR TO START OF WORK OR DELIVERY OF GOODS.</p> <p>X DATE SIGNED <i>Mr</i> TIME SIGNED <input type="checkbox"/> A.M. <input type="checkbox"/> P.M.</p>				<p>REMIT PAYMENT TO: SWIFT SERVICES, INC. P.O. BOX 466 NESS CITY, KS 67560 785-798-2300</p>				<p>SURVEY</p> <p>OUR EQUIPMENT PERFORMED WITHOUT BREAKDOWN? <input type="checkbox"/></p> <p>WE UNDERSTOOD AND MET YOUR NEEDS? <input type="checkbox"/></p> <p>OUR SERVICE WAS PERFORMED WITHOUT DELAY? <input type="checkbox"/></p> <p>WE OPERATED THE EQUIPMENT AND PERFORMED JOB CALCULATIONS SATISFACTORILY? <input type="checkbox"/></p> <p>ARE YOU SATISFIED WITH OUR SERVICE? <input type="checkbox"/> YES <input type="checkbox"/> NO</p>		<p>PAGE TOTAL <i>6340.00</i></p> <p>TOTAL <i>6952.10</i></p>	

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

SWIFT OPERATOR *Proctor Kane* APPROVAL

Thank You!

JOB LOG

SWIFT Services, Inc.

DATE 4-3-24 PAGE NO. 1

CUSTOMER Trans Pac Oil WELL NO. #1 LEASE Quezzer JOB TYPE PTA TICKET NO. 36947

CHART NO.	TIME	RATE (BPM)	VOLUME (BBL) (GAL)	PUMPS		PRESSURE (PSI)		DESCRIPTION OF OPERATION AND MATERIALS
				T	C	TUBING	CASING	
	8:45							ON location 2 3/8" 4 1/2" CIBP
	9:10		5 13	✓ ✓				4400' H2O spacer mix 50SKS w/200 Hulls displace cmt pull tubing to set CIBP 1850'
			25	✓				1850'
	12:25		10.5	✓				B5 40SK
	12:45		30	✓				mix 135SK circulate cmt to surface
	13:40		5					Top of F 20SK
	13:50							Wash pump truck
	4:30							Job Complete Thanks! Preston, Kirby, Austin, Danny
								245 SKS 60/40 per 4% gel used