KOLAR Document ID: 1773038

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 #:			AF	PI No. 1	5					
Name:				Spot Description:						
Address 1:				Sec Twp S. R East Wes						
Address 2:			_	Feet from North / South Line of Section						
City:	State:	Zip: +	_	Feet from East / West Line of Section						
Contact Person:			Fo	Footages Calculated from Nearest Outside Section Corner:						
Phone: ()				NE NW SE SW						
Type of Well: (Check one) Oil Well Gas Well OG D&A Cathodic Water Supply Well Other: SWD Permit #:				County: Well #:						
ENHR Permit #: Gas Storage Permit #:					Date Well Completed:					
Is ACO-1 filed? Yes	No If not, is well	log attached? Yes		The plugging proposal was approved on:(Date)						
Producing Formation(s): List A	II (If needed attach another	sheet)	by	:		(KCC District Agent's Name)				
Depth to	Top: Botton	m: T.D	_{Pli}	Plugging Commenced:						
Depth to	Top: Botto	m: T.D		00 0						
Depth to	Top: Botto	m:T.D	' '	agging	Completed.					
Show depth and thickness of a	all water, oil and gas forma	ations.								
Oil, Gas or Water	Records		Casing Reco	Record (Surface, Conductor & Production)						
Formation	Content	Casing	Size		Setting Depth	Pulled Out				
cement or other plugs were us		-				ds used in introducing it into the hole. If				
Plugging Contractor License #:			Name:	e:						
Address 1:			Address 2: _							
City:			Sta	ate:		Zip:+				
Phone: ()										
Name of Party Responsible fo	r Plugging Fees:									
State of	County, _		, s	SS.						
			Г	_	nployee of Operator or	Operator on above-described well,				
(Print Name)				=[]	inproyee or Operator or	Operator on above-described well,				

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.



P. O. Box 466

Ness City, KS 67560

Off: 785-798-2300



	Invoice				
DATE	INVOICE#				
4/5/2024	36958				

BILL TO	HAYS KANSAS	a Acidizina
Citation Oil & Gas 1016 Hwy 40 Bypass	APPROVED BY	AcidizingCement
Hays, KS 67601	LEASE JULY	• Tool Rental
	WFLL# AFE#	

TERMS	Well N	o.	Lease	County	Contractor	We	II Type	W	ell Category	Job Purpos	e	Operator	
Net 30	#9		Trible	Graham	HSI		Oil		Workover	РТА		Gideon	
PRICE	REF.	DESCRIPTION					QTY	Y UM		UNIT PRICE	A	MOUNT	
575W 576W-P 328-4 275 279 290 581W 583W		Pump Cl 60/40 Pc Cotton S Bentonit D-Air Service (Drayage	e - 1 Way Charge - PTA ozmix (4% Ge Seed Hulls ite Gel Charge Ceme	nt			3	1 270 3 32 3 300	Miles Job Sacks Sack(s) Sack(s) Gallon(s) Sacks Ton Miles	8.00 1,250.00 14.00 40.00 30.00 45.00 2.00 1.00		480.00T 1,250.00T 3,780.00T 120.00T 960.00T 135.00T 600.00T 849.00T 8,174.00 613.05	
We Ap	We Appreciate Your Business!								Total			CO 707 05	

Total

\$8,787.05

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AD CHARGE TO

TICKET

36958

SERVICE LOCATIONS DATE SIGNED ADDRY START OF WORK OR DELIVERY OF GOODS but are not limited to, PAYMENT, RELEASE, INDEMNITY, and the terms and conditions on the reverse side hereof which include, LIMITED WARRANTY provisions. REFERRAL LOCATION MUST BE SIGNED BY CUSTOMER OR CUSTOMER'S AGENT PRIOR TO LEGAL TERMS: Customer hereby acknowledges and agrees to 290 PRICE REFERENCE 581 279 328-4 Ness Chuks SECONDARY REFERENCE/ CUSTOMER ACCEPTANCE OF MATERIALS AND SERVICES The customer hereby acknowledges receipt of the materials and services listed on this ticket PART NUMBER TIME SIGNED TICKET TYPE
SERVICE
SALES INVOICE INSTRUCTIONS WELL TYPE WELL/PROJECT NO. CONTRACTOR **D01** ACCOUNTING P.M. ACCT CITY, STATE, ZIP CODE WELL CATEGORY 무 WORKOVER D-AIR Kump SWIFT SERVICES, INC. BENTONTE MILEAGE 60140 NESS CITY, KS 67560 REMIT PAYMENT TO: (rayage NOTION CMCNT P.O. BOX 466 785-798-2300 Seec Pozmix lauck #115 harge- PTA DESCRIPTION Service 7/m 6 RIG NAME/NO. COUNTY/PARISH Traham ABANDON OUR SERVICE WAS
PERFORMED WITHOUT DELAY?
WE OPERATED THE EQUIPMENT
AND PERFORMED JOB ARE YOU SATISFIED WITH OUR SERVICE? OUR EQUIPMENT PERFORMED WITHOUT BREAKDOWN? SATISFACTORILY? WE UNDERSTOOD AND MET YOUR NEEDS? VIA CP STATE CITY SHIPPED DELIVERED TO SURVEY ☐ CUSTOMER DID NOT WISH TO RESPOND 28,300 WELL PERMIT NO. LOCATION QTY. 2 M/N AGREE □ 8 UNDECIDED DISAGREE 300 sks 200 sk 849 779 QTY. U/M 32 3 585 30 d U/5/2024 WELL LOCATION ORDER NO. PAGE TOTAL 1,250 00 40 30 8 45/90 UNIT TOTAL 14 00 8) PAGE 18 18 18 18 OWNER 480 80 1,280 249 600 120|00 유 35 AMOUNT 18 18 18

SWIFT OPERATOR

APPROVAL

Thank You!

PAGE NO. SWIFT Services. Inc. 4/5/2024 TICKET NO. JOB LOG JOB TYPE TICKET NO. 36958 CUSTOMER WELL NO. CITATION OIL #9 RATE (BPM) PRESSURE (PSI)
TUBING CASING **PUMPS** CHART TIME VOLUME | DESCRIPTION OF OPERATION AND MATERIALS (BBL) (GAL) T C ON LOCATION 2%" X51/3" 0800 RETAINER 13852 Pump 4 bbl H20 @ 3830' 1015 Pump 1.600 16 of God Mix 50 sks of Cement W/ 16 of Halls 13 Pull to to 1.800' 1050 3 Mix 190 8ks @ 1800' 1140 50 & Circulate CMT to Surface & Approx 10 sks to the Pit 1205 TOH

Top off 51/2" Csg w/ 25 sks 1300 300 Pump 5 sks Down BS 1/2 1310 Wash up Truck #115 Job Complete 270 sks of 60/40 Pozmik 496 gel 3 sks of Hulls + 1600/bs Gideon Tyler, Mark