

**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**

# SWIFT



Services, Inc.

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



## Invoice

DATE	INVOICE #
5/15/2024	37222

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	McFadden E	Rooks	Express Well	Oil	Workover	PTA	David
PRICE REF.	DESCRIPTION				QTY	UM	UNIT PRICE	AMOUNT
575W	Mileage - 1 Way				45	Miles	8.00	360.00T
576W-P	Pump Charge - PTA				1	Job	1,250.00	1,250.00T
290	D-Air				5	Gallon(s)	45.00	225.00T
275	Cotton Seed Hulls				4	Sack(s)	40.00	160.00T
581W	Service Charge Cement				450	Sacks	2.00	900.00T
583W	Drayage				1,362	Ton Miles	1.00	1,362.00T
328-4	60/40 Pozmix (4% Gel)				425	Sacks	14.00	5,950.00T
	Subtotal							10,207.00
	Sales Tax Rooks County						7.00%	714.49

7/10/43  
12400.0001  
Well Me  
"Cement to Plug"

**We Appreciate Your Business!**

**Total**

\$10,921.49



CHARGE TO: *Carmen Schmitt*

ADDRESS

CITY, STATE, ZIP CODE

TICKET 37222

PAGE 1 OF

1. SERVICE LOCATIONS <i>Hays</i>	WELL/PROJECT NO. <i>#1</i>	LEASE <i>McFADEN E</i>	COUNTY/PARISH <i>Rooks</i>	STATE <i>KS</i>	CITY	DATE <i>5/15/24</i>	OWNER <i>✓</i>
2. <i>Ness City</i>	TICKET TYPE <input type="checkbox"/> SERVICE <input type="checkbox"/> SALES	CONTRACTOR <i>Express</i>	RIG NAME/NO.	SHIPPED VIA <i>EX</i>	DELIVERED TO <i>LOCATION</i>	ORDER NO.	
3.	WELL TYPE <i>Dil</i>	WELL CATEGORY <i>WORKOVER</i>	JOB PURPOSE <i>PTA</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							
575		1			MILEAGE <i>TRK III</i>	45		mi		8 <sup>00</sup>	360 <sup>00</sup>
576 P		1			Pump Charge - PTA	1		EA		1250 <sup>00</sup>	1250 <sup>00</sup>
290		1			D-Air	5		Gal		45 <sup>00</sup>	225 <sup>00</sup>
275		1			Cotton Seed Hulls	4		bx		40 <sup>00</sup>	160 <sup>00</sup>
					<del>Codebook</del>						
581		2			Service Charge Cmt	450		sx		2 <sup>00</sup>	900 <sup>00</sup>
583		2			Drayage (75 mi)	1362		mi		1 <sup>00</sup>	1362 <sup>00</sup>
328-4		2			60/40 Pozmix 4% Gel	425		bx		14 <sup>00</sup>	5950 <sup>00</sup>

**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	10207 <sup>00</sup>
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>Rooks</i>	714 <sup>49</sup>
ARE YOU SATISFIED WITH OUR SERVICE?	<input type="checkbox"/> YES	<input type="checkbox"/> NO		TOTAL	10921 <sup>49</sup>
<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

Thank You!

JOB LOG

SWIFT Services, Inc.

DATE 5/15/24 PAGE NO.

CUSTOMER Carmen Schmitt WELL NO. # 1 LEASE McFADDEN E JOB TYPE PTA TICKET NO. 37222

CHART NO.	TIME	RATE (BPM)	VOLUME (BBL) (GAL)	PUMPS		PRESSURE (PSI)		DESCRIPTION OF OPERATION AND MATERIALS
				T	C	TUBING	CASING	
	9:30							On location
								TRG - 2 7/8
								CSG - 4 1/2
								surface - 7"
		5	13			0		1st Plug - 3200'
		5	5			0		pump 50 sx cmt w/ 200 Hulls
								Disp w/ WTR
		5	20			0		2nd Plug - 2500'
		5	3			0		pump 75 sx cmt w/ 200 Hulls
								Disp w/ WTR
		5	72			650		3rd Plug - 1400'
								pump 275 sx cmt to Circ
								to surf. OUT 4 1/2" & 7"
								T.O.D.H w/ TRG
		1	7			0		TOP OFF 4 1/2 - 25 sx
	12:00							JOB Complete
								Used - 425 sx cmt
								400 # Cotton seed Hulls
								Thanks
								Davis, Seth & Jan