

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.

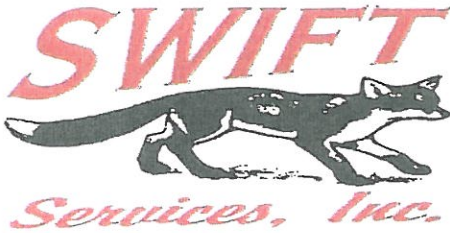
Oil, Gas or Water Records		Casing Record (Surface, Conductor & Production)			
Formation	Content	Casing	Size	Setting Depth	Pulled Out

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 #
7/29/2024	37310

BILL TO
Citation Oil & Gas 1016 Hwy 40 Bypass Hays, KS 67601

HAYS KANSAS
 RECEIVED BY JD
 APPROVED BY _____
 AUG 02 2024
 LEASE Sites
 WELL# 8
 LOE NRE AFE# _____

- Acidizing
- Cement
- Tool Rental

TERMS	Well No.	Lease	County	Contractor	Well Type	Well Category	Job Purpose	Operator
Net 30	#8	Sites	Ellis	Express	Oil	Workover	PTA	David
PRICE REF.	DESCRIPTION				QTY	UM	UNIT PRICE	AMOUNT
575W	Mileage - 1 Way				20	Miles	8.00	160.00T
576W-P	Pump Charge - PTA				1	Job	1,250.00	1,250.00T
290	D-Air				7	Gallon(s)	45.00	315.00T
275	Cotton Seed Hulls				5	Sack(s)	40.00	200.00T
279	Bentonite Gel				12	Sack(s)	30.00	360.00T
328-4	60/40 Pozmix (4% Gel)				650	Sacks	14.00	9,100.00T
581W	Service Charge Cement				500	Sacks	2.00	1,000.00T
583W	Drayage				1,009	Ton Miles	1.00	1,009.00T
581W	Service Charge Cement (2nd Truck)				200	Sacks	2.00	400.00T
583W	Drayage (2nd Truck)				404	Ton Miles	1.00	404.00T
	Subtotal							14,198.00
	Sales Tax Ellis County						7.00%	993.86
We Appreciate Your Business!							Total	\$15,191.86



TICKET 37310

CHARGE TO: *Champion Oil & Gas*
 ADDRESS: _____
 CITY, STATE, ZIP CODE: _____

PAGE 1 OF 1

SERVICE/LOCATIONS
 1. *Flays* WELL/PROJECT NO. _____ LEASE *Sites* COUNTY/PARISH *Ellis* STATE *TX* DATE *7-29-24* OWNER _____
 2. *Ness City* CONTRACTOR _____ RIG NAME/NO. _____ SHIPPED VIA *TRUCK* DELIVERED TO *LOCATION* ORDER NO. _____
 3. WELL TYPE _____ WELL CATEGORY *Express* WELL PERMIT NO. _____ WELL LOCATION _____
 4. *Di1* JOB PURPOSE *PTA* WELL PERMIT NO. _____
 REFERRAL LOCATION INVOICE INSTRUCTIONS

PRICE REFERENCE	SECONDARY REFERENCE/ PART NUMBER	ACCOUNTING			DESCRIPTION	MILEAGE	QTY.	UM	UNIT PRICE	AMOUNT			
		LOC	ACCT	DF									
<i>535</i>		<i>1</i>			<i>TRK 111</i>	<i>20</i>	<i>mi</i>	<i>8.00</i>	<i>160.00</i>				
<i>536P</i>		<i>1</i>			<i>Pump Charge - PTA</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>7</i>	<i>bar</i>	<i>45.00</i>	<i>315.00</i>				
<i>235</i>		<i>1</i>			<i>Cotton Seed Hells</i>	<i>5</i>	<i>bx</i>	<i>40.00</i>	<i>200.00</i>				
<i>279</i>		<i>1</i>			<i>Bentonite Gel</i>	<i>12</i>	<i>bx</i>	<i>30.00</i>	<i>360.00</i>				
<i>328-4</i>		<i>2</i>			<i>60/40 Formix 4% Gel</i>	<i>650</i>	<i>bx</i>	<i>14.00</i>	<i>9100.00</i>				
<i>581</i>		<i>2</i>			<i>Service Charge Cnt</i>	<i>500</i>	<i>bx</i>	<i>2.00</i>	<i>1000.00</i>				
<i>583</i>		<i>2</i>			<i>Drayage</i>	<i>1009</i>	<i>tm</i>	<i>1.00</i>	<i>1009.00</i>				
<i>581</i>		<i>2</i>			<i>Service Charge Cnt - Adtrak</i>	<i>200</i>	<i>bx</i>	<i>2.00</i>	<i>400.00</i>				
<i>583</i>		<i>2</i>			<i>Drayage - Ad TRK</i>	<i>404</i>	<i>tm</i>	<i>1.00</i>	<i>404.00</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					REMIT PAYMENT TO: SWIFT SERVICES, INC. P.O. BOX 466 NESS CITY, KS 67560 785-798-2300					SURVEY <input type="checkbox"/> OUR EQUIPMENT PERFORMED WITHOUT BREAKDOWN? <input type="checkbox"/> WE UNDERSTOOD AND MET YOUR NEEDS? <input type="checkbox"/> OUR SERVICE WAS PERFORMED WITHOUT DELAY? <input type="checkbox"/> WE OPERATED THE EQUIPMENT AND PERFORMED JOB CALCULATIONS SATISFACTORILY? ARE YOU SATISFIED WITH OUR SERVICE? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> CUSTOMER DID NOT WISH TO RESPOND		PAGE TOTAL 14198.00	
DATE SIGNED _____ TIME SIGNED _____ <input type="checkbox"/> A.M. <input type="checkbox"/> P.M.					TOTAL <i>15191.80</i>					EDRS <i>993.86</i>			

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 7-29-24 PAGE NO.

CUSTOMER Citation Oil & Gas WELL NO. # 8 LEASE Sites JOB TYPE PJA TICKET NO. 37310

CHART NO.	TIME	RATE (BPM)	VOLUME (BBL) (GAL)	PUMPS		PRESSURE (PSI)		DESCRIPTION OF OPERATION AND MATERIALS
				T	C	TUBING	CASING	
	1000							On location
								Tbg- 2 3/8 csg- 5 1/2
		5	24			1600		1st Plug- 2992 Pump 600 # Bentonite Gel pump 100 sx cmt w/ 250 # Hulls
		5	26			1200		2nd Plug @ 1900 Pump 100 sx cmt w/ 250 # hulls
		5	33			800		3rd Plug @ 1100 pump 125 sx cmt to circ to surf.
								T.O.O.H w/ Tbg
		5	46			200		Hobk up to 5 1/2 & pump 175 sx cmt - Did not circ out 8 5/8
	1245							order more cmt
	1445	3	33			200		Pump 125 sx cmt Down 5 1/2 to circ up 8 5/8
			6					top off 5 1/2 - 25 sx
								JOB Complete
								THANKS David, Seth, Jan & Shane