## KOLAR Document ID: 1793320

**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 #:	API No. 15
Name:	Spot Description:
Address 1:	Sec Twp S. R East West
Address 2:	Feet from North / South Line of Section
City: State: Zip: +	Feet from East / West Line of Section
Contact Person:	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 #: SWD Permit #: SWD Permit #:   ENHR Permit #: Gas Storage Permit #: Gas Storage Permit #: SWD Permit #: SWD 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) Storm: T.D. Storm: T.D.   Depth to Top: Bottom: T.D. Storm: T.D. Storm: Sto	County: Well #: Lease Name: Well #: Date Well Completed: The plugging proposal was approved on: (Date) by: (KCC District Agent's Name) Plugging Commenced: Diversion Completed:
Depth to Top: Bottom: T.D	Plugging Completed:

Show depth and thickness of all water, oil and gas formations.

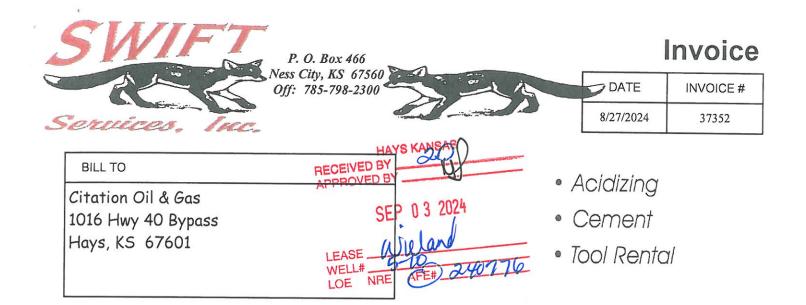
Oil, Gas or Water	Records	Casing Record (Surface, Conductor & Production)										
Formation	Content	Casing	Size	Setting Depth	Pulled Out							

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.
(Print Name)	Employee of 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.

## Submitted Electronically



TERMS	Well I	No.	Lease	County	Contractor	We	II Туре	Well	Category	Job Purpos	e Operator
Net 30	#5-1	0	Wieland	Ellis	Express		Oil		orkover	РТА	David
PRICE	REF.			DESCRIPT	QTY		UМ	UNIT PRICE	AMOUNT		
575W 576W-P 290 275 279 325 278 328-4 581W 583W		Mill Pun D-A Cott Ben Star Cald 60/4 Serv Dray Sub Sale	ton Seed Hulls tonite Gel ndard Cement cium Chloride to Pozmix (4% G vice Charge Ceme yage total ss Tax Ellis Count	ty			1 Jc 5 G 3 Sa 16 Sa 100 Sa 5 Sa 400 Sa 600 Sa	files ob allon(s) ack(s) acks acks acks on Miles	8.00 1,250.00 45.00 30.00 17.50 55.00 14.00 2.00 1.00 7.00%	240.00T 1,250.00T 225.00T 120.00T 480.00T 1,750.00T 5,600.00T 1,200.00T 1,506.00T 12,646.00 885.22	
We Ap	opre	cia	te Your E	Business			Total		\$13,531.22		

Swith Of Environ		DATE SIGNED	MUST BE SIGNED BY CUSTOMER OR CUSTOMER'S AGENT PRIOR TO START OF WORK OR DELIVERY OF GOODS. X	LIMITED WARRANTY provisions.	LEGAL TERMS: Customer hereby acknowledges and agrees to the terms and conditions on the reverse side hereof which include, but are not limited to DAYMENT BELEASE INDEMNITY and	583	185	328-4	278	325		279	275	290	99ES	245	PRICE SECONDAR REFERENCE PART	REFERRAL LOCATION	4	3.	2 Ness City	SERVICE LOCATIONS	Services, Inc		SWIFT
T/ M-	MER ACCEPTANCE O	TIME SIGNED	STOMER'S AGENT PRIOR TO DS.	ns.	reby acknowledges and reverse side hereof whi	2	2	2	N	N						-	SECONDARY REFERENCE/ AC	INVOICE INSTRUCTIONS		5	TICKET TYPE CONT	WELL/PROJECT NO.	•	~	
TAFFOUNAL	F MATERIALS A	□ A.M. P.M.		L	agrees to ch include,											N	ACCOUNTING C ACCT DF			TX DIVE SS	CONTRACTOR		CITY, STATE, ZIP CODE	ADDRESS	CHARGE TO:
	CUSTOMER ACCEPTANCE OF MATERIALS AND SERVICES The customer hereby acknowled	785-798-2300	560	SWIFT SERVICES, INC.	REMIT PAYMENT TO:	Draypae, J	Service Cinege CMT	bot 40 Pozmix 4%	Caucium Chlonde.	Standard Conum		Bentonite Ger	Cotton Seen Hulls	P	Long Charles - ATA	MILEAGE TRAK	DESCRIPTION	E # 240776	or		RIG NAME/NO.	COUNTY/PARISH	ZIP CODE		itarim Ail & Gas
	edges receipt of the materials and services listed on this ticket.		WE OPERATED THE EQUIPMENT AND PERFORMED JOB CALCULATIONS SATISFACTORILY?	MET YOUR NEEDS? OUR SERVICE WAS PERFORMED WITHOUT DELAY?	WE INSPECTION AND	1506 m	600 Sx	Gen 400 sx	X SX	107 5×		16 ISX I	3 kx 1	S		SO MI	QTY. U/M QTY. U/M			WELL COCILITION	SHIPPED DELIVERED TO	STATE CITY			
7	ted on this ticket.	TOTAL	Edakis		PAGE TOTAL	8	200	14 00	28 00	05 t	_	30 00	40 00	4500	1250 000	ag S	UNIT			WELLIOCATION	ORDER NO.	5	PAGE 1		TICKET
Thank You!		13531 22	CC1588		12-21	 1506 0.0	200 00	2600 100.	250 00	252 00		430 000	120 00	225 00	250 00	20 0hZ.	AMOUNT					OWNER	<u>о</u> г		37352

DATE SWIFT Services. Inc. PAGE NO. JOB LOG 8-27-24 CUSTOMER JOB TYPE Pra WELL NO. LEASE TICKET NO. itarion Wieland Unit 5-10 37352 CHART PUMPS PRESSURE (PSI) TUBING CASING RATE VOLUME TIME DESCRIPTION OF OPERATION AND MATERIALS NO. (BPM) (BBL) (GAL) TC 930 On 102MTION 23/8 × 5/2 Wa R. 2940' 50 5x 570 3% CCC 155 5 000 0 pump TT pull 24 5 Bentonite gel folloued 800 # 200 3% CC @ 15 10 200 5 5 200 2m Plua e Pump 375 sx 60/40 C | Circ out 85/8 to 51/2 5 50 T.D.D.H w TRQ. 85/8 TOP AFF 200 5x 60/40 00 5× 5+ 3% CC sed 400 = Cotton Seen Hulls # 00 Sta # Bentonite Gel Job Complete Thanks 4 DAUID, SETH, AUSTIN & JAN