

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.

(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

CHARGE TO: RJM

ADDRESS

CITY, STATE, ZIP CODE

TICKET **37754**

PAGE 1 OF 1

SERVICE LOCATIONS 1. <u>Ness City, KS</u>	WELL/PROJECT NO. <u>#4 SWD</u>	LEASE <u>Kirby</u>	COUNTY/PARISH <u>Rush</u>	STATE <u>KS</u>	CITY <u>Alexander</u>	DATE <u>12/11/2024</u>	OWNER
2.	TICKET TYPE <input checked="" type="checkbox"/> SERVICE <input type="checkbox"/> SALES	CONTRACTOR <u>Mendez</u>	RIG NAME/NO.	SHIPPED VIA <u>CT</u>	DELIVERED TO <u>LOCATION</u>	ORDER NO.	
3.	WELL TYPE <u>SWD</u>	WELL CATEGORY <u>Workover</u>	JOB PURPOSE <u>Plug to Abandon</u>	WELL PERMIT NO.	WELL LOCATION <u>S/E of Alexander</u>		
4.	REFERRAL LOCATION	INVOICE INSTRUCTIONS					

PRICE REFERENCE	SECONDARY REFERENCE/ PART NUMBER	ACCOUNTING			DESCRIPTION	QTY.		U/M		UNIT PRICE	AMOUNT
		LOC	ACCT	DF							
575	12/11 + 12/16	1			MILEAGE Truck # 115	2	EA	30	MI	8.00	160.00
576P	12/11	1			Pump Charge - PTA	1		83	subs	1,250.00	1,250.00
580	12/16	1			Additional Hours	2			hrs	400.00	800.00
328-4	12/11	1			60/40 Pozmix 4% gel	200			skt	14.00	2,800.00
275	12/11	1			Cotton Seed Hulls	1			sk	40.00	40.00
290	12/11	1			D-Air	2			gal	45.00	90.00
328-4	12/16	1			60/40 Pozmix 4% gel	180			skt	14.00	2,520.00
290	12/16	1			D-Air	2			gal	45.00	90.00
581	12/16	1			CMT Service Charge	180			skt	2.00	360.00
582	12/16	1			Minimum Drayage Charge	1			job	350.00	350.00
581	12/11	1			CMT Service Charge	200			skt	2.00	400.00
582	12/11	1			Minimum Drayage Charge	1			job	350.00	350.00
										PAGE TOTAL	9,530.00

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 12/16/2024 TIME SIGNED 3:00 ☐ 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	
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?				
ARE YOU SATISFIED WITH OUR SERVICE?	<input type="checkbox"/> YES	<input type="checkbox"/> NO		
<input type="checkbox"/> CUSTOMER DID NOT WISH TO RESPOND				
TOTAL				9530.00

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

SWIFT OPERATOR Gordon Fuchs APPROVAL

Thank You!

1408

10/11/51

105/106 x 111

41

451

vdh

Q. 13 H

Adapted from

you're all for it

04/01/2017

Blind to Affirmation

continued on next page

Q42

2001/05/14

[illegible]

Minimum Daily Charge
CMT Service Charge
Minimum Daily Charge
CMT Service Charge
D-VA
Police Bureau #764
D-VA
Police Bureau #764
D-VA
Police Bureau #764
Police Bureau #764
Police Bureau #764
Police Bureau #764

[illegible]

Q. 19.04/31/21

Amos L.