

**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



CHARGE TO: *Venture Resources*

ADDRESS

CITY, STATE, ZIP CODE

TICKET 37531

PAGE 1 OF 1

|   |                                  |                                       |                                |                           |                             |                        |                      |
|---|----------------------------------|---------------------------------------|--------------------------------|---------------------------|-----------------------------|------------------------|----------------------|
| 1. SERVICE LOCATIONS<br><i>Hays, Ks.</i>  | WELL/PROJECT NO.<br><i>2-16</i>  | LEASE<br><i>Billips</i>               | COUNTY/PARISH<br><i>Graham</i> | STATE<br><i>Ks.</i>       | CITY                        | DATE<br><i>4-17-25</i> | OWNER<br><i>Samo</i> |
| 2. TICKET TYPE<br><input checked="" type="checkbox"/> SERVICE<br><input type="checkbox"/> SALES | CONTRACTOR<br><i>Chito's</i>     |                                       | RIG NAME/NO.                   | SHIPPED VIA<br><i>CTT</i> | DELIVERED TO<br><i>Loc.</i> | ORDER NO.              |                      |
| 3. WELL TYPE<br><i>Oil</i>  | WELL CATEGORY<br><i>Workover</i> | JOB PURPOSE<br><i>Plug To Abandon</i> |                                | WELL PERMIT NO.           |                             | WELL LOCATION          |                      |
| 4. REFERRAL LOCATION  | INVOICE INSTRUCTIONS             |                                       |                                |                           |                             |                        |                      |

| PRICE REFERENCE         | SECONDARY REFERENCE/<br>PART NUMBER | ACCOUNTING          |      |    | DESCRIPTION                        | QTY.                  |                      | U/M |  | UNIT PRICE              | AMOUNT                  |                      |
|-------------------------|-------------------------------------|---------------------|------|----|------------------------------------|-----------------------|----------------------|-----|--|-------------------------|-------------------------|----------------------|
|                         |                                     | LOC                 | ACCT | DF |                                    |                       |                      |     |  |                         |                         |                      |
| <i>575</i>              |                                     | <i>1</i>            |      |    | <i>MILEAGE #110</i>                | <i>60</i>             | <i>mil</i>           |     |  | <i>8.10</i>             | <i>480</i>              | <i>00</i>            |
| <i>576 P</i>            |                                     | <i>1</i>            |      |    | <i>Pump Service</i>                | <i>1</i>              | <i>ea</i>            |     |  | <i>1,250.00</i>         | <i>1,250</i>            | <i>00</i>            |
| <i>290</i>              |                                     | <i>1</i>            |      |    | <i>D-Air</i>                       | <i>2</i>              | <i>gal</i>           |     |  | <i>45.00</i>            | <i>90</i>               | <i>00</i>            |
| <i>275</i>              |                                     | <i>1</i>            |      |    | <i>Cotton Seed Hulls</i>           | <i>6</i>              | <i>sk</i>            |     |  | <i>40.00</i>            | <i>240</i>              | <i>00</i>            |
| <i>581</i>              |                                     | <i>1</i>            |      |    | <i>Service Charge</i>              | <i>350</i>            | <i>sk</i>            |     |  | <i>2.00</i>             | <i>700</i>              | <i>00</i>            |
| <i>583</i>              |                                     | <i>1</i>            |      |    | <i>Drayage</i>                     | <i>1,175</i>          | <i>TON miles</i>     |     |  | <i>1.00</i>             | <i>1,175</i>            | <i>00</i>            |
| <del><i>328-4</i></del> |                                     | <del><i>1</i></del> |      |    | <del><i>60/40 Poz 4% Gal</i></del> | <del><i>350</i></del> | <del><i>sk</i></del> |     |  | <del><i>14.00</i></del> | <del><i>4,900</i></del> | <del><i>00</i></del> |
| <i>328-4</i>            |                                     | <i>1</i>            |      |    | <i>60/40 Poz 4% Gal</i>            | <i>300</i>            | <i>sk</i>            |     |  | <i>14.00</i>            | <i>4,200</i>            | <i>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**

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    | <del><i>8,835.00</i></del> |
| OUR EQUIPMENT PERFORMED WITHOUT BREAKDOWN?  |       |           |          |               | <i>8,135.00</i>            |
| WE UNDERSTOOD AND MET YOUR NEEDS?   |       |           |          |               |                            |
| OUR SERVICE WAS PERFORMED WITHOUT DELAY?  |       |           |          |               |                            |
| WE OPERATED THE EQUIPMENT AND PERFORMED JOB CALCULATIONS SATISFACTORILY?                        |       |           |          | <i>Graham</i> | <i>6/10/13</i>             |
| ARE YOU SATISFIED WITH OUR SERVICE?<br><input type="checkbox"/> YES <input type="checkbox"/> NO |       |           |          | TOTAL         | <i>8,145.13</i>            |
| <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 *Ryan B. Lofgren* APPROVAL \_\_\_\_\_

Thank You!

JOB LOG

SWIFT Services, Inc.

|                     |               |
|---------------------|---------------|
| DATE<br>4-17-2025   | PAGE NO.<br>1 |
| TICKET NO.<br>37531 |               |

|                               |                  |                  |                 |
|-------------------------------|------------------|------------------|-----------------|
| CUSTOMER<br>Venture Resources | WELL NO.<br>2-16 | LEASE<br>Billips | JOB TYPE<br>PTA |
|-------------------------------|------------------|------------------|-----------------|

| CHART NO. | TIME  | RATE (BPM) | VOLUME (GAL) | PUMPS |   | PRESSURE (PSI) |        | DESCRIPTION OF OPERATION AND MATERIALS  |
|-----------|-------|------------|--------------|-------|---|----------------|--------|---|
|           |       |            |              | T     | C | TUBING         | CASING |   |
|           | 0930  |            |              |       |   |                |        | On Loc. Set up truck<br>Tubing @ 3232'<br>2 3/8 x 4 1/2                       |
|           | 0945  |            | 19.7         |       |   |                |        | Pump 75stk 60/40 P2 4% Gel<br>100# Huls                                       |
|           |       |            | 7.3          |       |   |                |        | Displ. to Balance<br>Pull to 2525'  |
|           | 10:00 |            |              |       |   |                |        |   |
|           | 10:20 |            | 26           |       |   |                |        | Mix 100stk Cmt 200# Huls  |
|           |       |            | 3            |       |   |                |        | Displ. to Balance<br>Pull to 1025'  |
|           | 10:25 |            |              |       |   |                |        |   |
|           | 11:10 |            | 20           |       |   |                |        | Mix Cmt. 75stk to Circulate   |
|           | 11:15 |            |              |       |   |                |        | Pull tubing out of hole   |
|           | 12:00 |            |              |       |   |                |        | Top off 4 1/2" csg. 20stk<br>Hook up to 2 5/8 csg.<br>Press to 400psi holding |
|           | 1245  |            |              |       |   |                |        | Wash and rack up truck<br>Job Complete  |