

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

Form	CP4 - Well Plugging Record
Operator	Shakespeare Oil Co., Inc.
Well Name	OTTLEY 2-21
Doc ID	1849330

Producing Formations

Formation	Top	Bottom	Total Depth
Johnson	4355	4376	4511
Ft Scott	4294	4297	
Myrick Station	4268	4272	
Marmaton	4216	4220	
LKC J	4015	4018	
LKC I	3985	3994	

Form	CP4 - Well Plugging Record
Operator	Shakespeare Oil Co., Inc.
Well Name	OTTLEY 2-21
Doc ID	1849330

Oil, Gas, or Water Records

Formation	Content
Johnson	Oil
Ft Scott	Oil
Myrick Station	Oil
Marmaton	Oil
LKC	Oil



DATE	INVOICE #
5/14/2025	37887

Shakespeare Oil Company, Inc
202 West Main Street
Salem, IL 62881

RECEIVED
MAY 23 2025

- Acidizing
- Cement
- Tool Rental

TERMS	Well No.	Lease	County	Contractor	Well Type	Well Category	Job Purpose	Operator
Net 30	#2-21	Ottley	Logan	Wild West	Oil	Workover	PTA	Gideon
PRICE REF.	DESCRIPTION				QTY	UM	UNIT PRICE	AMOUNT
575W	Mileage - 1 Way				80	Miles	8.00	640.00T
576W-P	Pump Charge - PTA				1	Job	1,250.00	1,250.00T
328-4	60/40 Pozmix (4% Gel)				305	Sacks	14.00	4,270.00T
325	Standard Cement				50	Sacks	17.50	875.00T
275	Cotton Seed Hulls				6	Sack(s)	40.00	240.00T
278	Calcium Chloride				2	Sack(s)	55.00	110.00T
290	D-Air				4	Gallon(s)	45.00	180.00T
581W	Service Charge Cement				450	Sacks	2.00	900.00T
583W	Drayage				1,624	Ton Miles	1.00	1,624.00T
	Subtotal							10,089.00
	Sales Tax Logan County						7.50%	756.68
We Appreciate Your Business!							Total	\$10,845.68



CHARGE TO: Shakespeare O.I. Co
ADDRESS
CITY, STATE, ZIP CODE

TICKET
37887

PAGE 1 OF 1

SERVICE LOCATIONS	WELL/PROJECT NO.	LEASE	COUNTY/PARISH	STATE	CITY	DATE	OWNER
1. <u>Ness City, KS</u>	<u>2-21</u>	<u>0 Hwy</u>	<u>Logan</u>	<u>KS</u>		<u>5/14/2025</u>	
2.	TICKET TYPE <input checked="" type="checkbox"/> SERVICE <input type="checkbox"/> SALES	CONTRACTOR	RIG NAME/NO.	SHIPPED VIA	DELIVERED TO	ORDER NO.	
3.	WELL TYPE <u>0.1</u>	<u>Wild West</u>		<u>CT</u>	<u>Logan</u>		
4.	WELL CATEGORY <u>Workover</u>	JOB PURPOSE <u>Plug to Abandon</u>			WELL PERMIT NO.	WELL LOCATION <u>21-14-32W</u>	
REFERRAL LOCATION	INVOICE INSTRUCTIONS						

PRICE REFERENCE	SECONDARY REFERENCE/ PART NUMBER	ACCOUNTING			DESCRIPTION	QTY.		QTY.		UNIT PRICE	AMOUNT
		LOC	ACCT	DF		U/M		U/M			
575		1			MILEAGE			80	M	8.22	640.00
576P		1			Pump Charge - PTA			1	506	1.250	1.250
328-4		1			6040 Pozmix 4 1/2 gal			305	SKS	14.00	4,270.00
326		1			STANDARD Cement			50	SKS	17.50	875.00
275		1			Common Seed Hells			6	SKS	40.00	240.00
278		1			Calcium Chloride			2	SKS	55.00	110.00
290		1			D-Air			4	gal	45.00	180.00
581		1			Cement Service Charge			400	SKS	2.00	900.00
583		1			Dravage			1624	TM	1.00	1624.00
SURVEY						40000 lbs		1624 TM			
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?											
CUSTOMER DID NOT WISH TO RESPOND											
PAGE TOTAL											
TOTAL											

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

DATE SIGNED <u>5/14/2025</u>	TIME SIGNED <u>1:00</u>	<input type="checkbox"/> A.M. <input checked="" type="checkbox"/> P.M.
CUSTOMER ACCEPTANCE OF MATERIALS AND SERVICES The customer hereby acknowledges receipt of the materials and services listed on this ticket.		
TOTAL <u>10,845.68</u>		

SWIFT OPERATOR Sharon Fuchs APPROVAL
Thank You!

JOB LOG

SWIFT Services, Inc.

DATE

5/14/2026

PAGE NO.

CUSTOMER

Shakespeare Oil Co

WELL NO.

2-21

LEASE

O Hley

JOB TYPE

Plug to Abandon 37887

TICKET NO.

CHART NO.	TIME	RATE (BPM)	VOLUME (BBL) (GAL)	PUMPS		PRESSURE (PSI)		DESCRIPTION OF OPERATION AND MATERIALS
				T	C	TUBING	CASING	
	0900							ON LOCATION 2 3/8" x 5 1/2"
	0940	5	10.5	✓		0		Plug @ 4,200' w/ 50 sks of STANDARD CMT w/ 2% CC + 150 lb of Halls
	1000	5	21	✓		450		Plug @ 3,750' w/ 80 sks of 60/40 Pozmix 4% gel + 250# of Halls
	1045	5	21	✓		450		Plug @ 2,500' w/ 80 sks of 60/40 Pozmix 4% gel + 150# of Halls
	1115	3 1/2	29	✓		450		Mix 110 sks of 60/40 Pozmix 4% gel + 50 lbs of Halls @ 1200' *Circulate CMT to Surface*
								TDH
	1205	1/2	4	✓		300		Plug BS w/ 15 sks
	1215	1/2	5	✓		0		Top off 4 1/2" Csg w/ 20 sks * stayed full
	1230							Wash up Truck #115
	1300							Job Complete
								305 sks of 60/40 Pozmix 4% gel, 50 sks of STANDARD 2% CC + 600# of Halls used
								Thanks!
								Gideon, Josh, Steve, Gustavo