

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

Form CP-4
March 2009

Type or Print on this Form
Form must be Signed
All blanks must be Filled

WELL PLUGGING RECORD
K.A.R. 82-3-117

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



4238

1013 240th AVENUE • HAYS, KANSAS 67601 • 785-621-2135

CHARGE TO: Grand Mesa Operating Company Date 06-19-2025
 ADDRESS _____
 R/A SOURCE NO. _____ CUSTOMER ORDER NO. OW
 LEASE AND WELL NO. Ruder 3 FIELD _____
 NEAREST TOWN Antonino COUNTY Ellis STATE Kansas
 SPOT LOCATION _____ SEC. 04 TWP. 15S RANGE 18W
 ZERO KB CASING SIZE 5 1/2 WEIGHT _____
 CUSTOMER'S T.D. _____ LOG-TECH TD _____ FLUID LEVEL _____
 ENGINEER S. Chesney OPERATOR D. Homewood

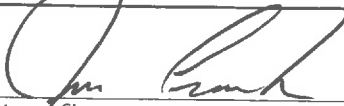
PERFORATING			
Description	No. Shots	From Depth	To
Perf 3 3/8 HEC	2	1650	
	2	1209	
	2	558	

DEPTH AND OPERATIONS CHARGES						
Description	From	Depth	To	Total No. Pt	Price Per Pt	Amount

MISCELLANEOUS			
Description	Quantity	Amount	
Service Charge			
T.J. <u>2:00</u>			
A.O.L. <u>1:00</u>			
S.J. <u>1:30</u>			
F.J. <u>1:50</u>			
T.W.T.			

PRICES SUBJECT TO CORRECTION BY BILLING DEPARTMENT

RECEIVED THE ABOVE SERVICES ACCORDING TO THE TERMS AND CONDITIONS SPECIFIED ON THE REVERSE SIDE TO WHICH WE HEREBY AGREE.


 Customer Signature _____ Date _____

..... Sub Total		
..... Tax		
.....		
.....		
.....		
.....		

JOB LOG

SWIFT Services, Inc.

DATE: 06/20/25 PAGE NO. 1

CUSTOMER: Grand Mesa WELL NO.: #3 LEASE: Ruder JOB TYPE: ATA TICKET NO.: 37510

CHART NO.	TIME	RATE (BPM)	VOLUME (BBL) (GAL)	PUMPS		PRESSURE (PSI)		DESCRIPTION OF OPERATION AND MATERIALS
				T	C	TUBING	CASING	
	0520							On location, setup trucks. 2 3/8 x 4 1/2
	0945	4	8					1 st Plug - 3269' Pump water ahead Pump Bentonite Gel Pump 50 SKS w/ 200 # hulls Displace w/ water
		4	18					
		6	13			800		
		6	8			800		
	1045	5	46			400		2 nd Plug - 1635 Pump 175 SKS cmt w/ 300 # hulls to circulate to surface Did Not circulate
	1130	5	26			300		3 rd Plug - 836 Pump 100 SKS cmt w/ 100 # hulls to circulate. Will Top off later date.
	06/23/25	11:00 A.M.						
	1130	1/2	6 1/2					Top off 4 1/2" w/ 25 sacks 8 5/8" is full, Pressured up to 300 #
	1200							Wash up Rack up Job Complete
								Thanks, Tom, Mark, Austin, Shane