

**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	SPLITTER B 2 OWWO
Doc ID	1865374

Producing Formations

Formation	Top	Bottom	Total Depth
Johnson	4567	4578	4672
Cherokee	4554	4557	
Altamont	4410	4414	
Lenapah	4366	4375.5	
LKC I	4207	4214	

Form	CP4 - Well Plugging Record
Operator	Shakespeare Oil Co., Inc.
Well Name	SPLITTER B 2 OWWO
Doc ID	1865374

Oil, Gas, or Water Records

Formation	Content
Johnson	Oil
Cherokee	Oil
Altamont	Oil
Lenapah	Oil
LKC	Oil



Midwest Wireline, LLC  
PO Box 793  
Hays, KS 67601  
(785)625-3858

# Invoice

Date	Invoice #
10/1/2025	3526

MIDWEST WIRELINE

Bill To
Shakespeare Oil Company, Inc. 202 W. Main St Salem, IL 62881

Well Name: Splitter B #2  
County, State: Lane, KS  
Due Date: 10/31/2025  
Unit #: 111  
Terms: Net 30

RECEIVED  
OCT 02 2025

Check Remit to Address:  
PO Box 793  
Hays, KS 67601

ACH Payment Preferred:  
Equity Bank  
Checking Acct Name: Midwest Wireline LLC  
Account Number: 7701058917  
Routing Number: 101105354

Description	Quantity	Price	Amount
Truck Rental / Rig-up	1	2,200.00	2,200.00T
Mast Trailer Charge	1	650.00	650.00T
Setting Service - Depth	4,290	0.40	1,716.00T
3.50" - 4.4" OD	1	2,220.00	2,220.00T
Dump Bailer - Depth	4,290	0.29	1,244.10T
Dump Bailer - Operations	1	2,400.00	2,400.00T
Subtotal of Invoice			10,430.10
Total Discount - MS		-7,580.10	-7,580.10
Lane County Sales Tax		7.50%	213.75

Thank you for your business.

All invoices over 60 days past due will be charged  
15% interest

Total

\$3,063.75



# MIDWEST WIRELINE

## Midwest Wireline, LLC

**Service Order No.**

1- 3526

Date: 10-1-25

Phone: 785.625.3858

Fax: 785.621.7718

Client Info	Company <i>Shakespeare Oil Co., Inc.</i>		Client Order # <i>0w</i>				
	Billing Address		City	ST	Zip		
Well Info	Lease & Well # <i>Splitter B #2</i>		Field Name		Legal Description (coordinates) <i>35-185-29w</i>		
	Nearest Town <i>Dighton</i>		County <i>Lane</i>	State <i>Ks</i>		Casing Size <i>5 1/2</i>	Casing Weight
	Fluid <i>oil/water</i>	Level (surf.) <i>3425</i>	Reading from <i>KBS</i>	Customer T.D. <i>4617</i>	Midwest T.D.	Elevation <i>2799</i>	KB Elevation <i>2804</i>
	Crew	Engineer <i>M. Hiss</i>	Truck Driver <i>R. Hunt</i>	Crew Members <i>D. Pickens</i>		Unit # <i>161</i>	Miles

THE UNDERSIGNED HEREBY CERTIFIES THAT HE HAS FULL AUTHORITY TO  
ENTER INTO THIS CONTRACT ON BEHALF OF THE CLIENT AND AGREES TO THE  
TERMS AND CONDITIONS SET FORTH ON THE REVERSE SIDE HEREOF.

Client Approval	
<u>Charlie Bauer</u>	<u>Charlie</u>
Name Printed	Signature / Date

SUBTOTAL	10,430.19
DISCOUNT	7,580.10
SUBTOTAL	2,850
TAX	213.75
NET TOTAL	\$13,063.75

MIDWEST OFFICE USE ONLY - Manager Approval	
	10-2-25
Name Printed	Signature / Date

**SWIFT**

P. O. Box 466  
Ness City, KS 67560  
Off: 785-798-2300

**Invoice**

DATE	INVOICE #
10/3/2025	38023

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

RECEIVED  
OCT 14 2025

- Acidizing
- Cement
- Tool Rental

TERMS	Well No.	Lease	County	Contractor	Well Type	Well Category	Job Purpose	Operator
Net 30	B-2	Splitter	Lane		Oil	Workover	PTA	Wayne
PRICE REF.	DESCRIPTION				QTY	UM	UNIT PRICE	AMOUNT
575W	Mileage - 1 Way				35	Miles	8.00	280.00T
576W-P	Pump Charge - PTA				1	Job	1,250.00	1,250.00T
275	Cotton Seed Hulls				0	Sack(s)	40.00	0.00T
328-4	60/40 Pozmix (4% Gel)				195	Sacks	14.00	2,730.00T
290	D-Air				2	Gallon(s)	45.00	90.00T
581W	Service Charge Cement				300	Sacks	2.00	600.00T
583W	Drayage				440.3	Ton Miles	1.00	440.30T
	Subtotal							5,390.30
	Sales Tax Lane County							404.27
							7.50%	
<i>502-17 4</i>								
<b>We Appreciate Your Business!</b>						<b>Total</b>	\$5,794.57	



CHARGE TO:	SHAKESPEARE ORG. CO.
ADDRESS	
CITY, STATE, ZIP CODE	

**TICKET** 38023

38023

PAGE 1 OF 1

SERVICE LOCATIONS <i>Ness City, KS</i>	WELL/PROJECT NO. <b>B-2</b>	LEASE <b>SPLITTER</b>	COUNTY/PARISH <b>Lane</b>	STATE <b>Ks</b>	CITY	DATE <b>10-3-2025</b>	OWNER <b>SAME</b>
2.	TICKET TYPE <input checked="" type="checkbox"/> SERVICE SALES	CONTRACTOR <b>NONE</b>	RIG NAME/NO.	SHIPPED VIA <b>CT</b>	DELIVERED TO <b>Location</b>	ORDER NO.	
3.	WELL TYPE <b>Oil</b>	WELL CATEGORY <b>Workover</b>	JOB PURPOSE <b>PTA</b>	WELL PERMIT NO.		WELL LOCATION <b>SW/ Digiton, KS</b>	
REFERRAL LOCATION	INVOICE INSTRUCTIONS						

**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 <u>10-3-2025</u>	TIME SIGNED <u>1030</u>	<input checked="" type="checkbox"/> A.M. <input type="checkbox"/> 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	
OUR EQUIPMENT PERFORMED WITHOUT BREAKDOWN?					5390.30
WE UNDERSTOOD AND MET YOUR NEEDS?					
OUR SERVICE WAS PERFORMED WITHOUT DELAY?					
WE OPERATED THE EQUIPMENT AND PERFORMED JOB CALCULATIONS SATISFACTORILY?				None	464.27
ARE YOU SATISFIED WITH OUR SERVICE?				TOTAL	5794.57
<input type="checkbox"/> YES <input type="checkbox"/> NO					
<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 W. A. S. S. W. B. S. S.

---

**APPROVAL**

*Thank You!*

## JOB LOG

## SWIFT Services, Inc.

DATE	PAGE NO.
10-3-2025	1