

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

SWIFT



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



Invoice

DATE	INVOICE #
8/19/2025	37940

BILL TO
Charter Energy, Inc. P. O. Box 252 Great Bend, KS 67530-0252

- Acidizing
- Cement
- Tool Rental

TERMS	Well No.	Lease	County	Contractor	Well Type	Well Category	Job Purpose	Operator
Net 30	#1	Gleason	Stafford	Professional Pulling	Oil	Workover	PTA	David

PRICE REF.	DESCRIPTION	QTY	UM	UNIT PRICE	AMOUNT
575W	Mileage - 1 Way	60	Miles	8.00	480.00T
576W-P	Pump Charge - PTA	1	Job	1,250.00	1,250.00T
290	D-Air	3	Gallon(s)	45.00	135.00T
328-4	60/40 Pozmix (4% Gel)	100	Sacks	14.00	1,400.00T
279	Bentonite Gel	10	Sack(s)	30.00	300.00T
581W	Service Charge Cement	125	Sacks	2.00	250.00T
582W	Minimum Drayage Charge	1	Each	350.00	350.00T
	Subtotal				4,165.00
	Sales Tax Stafford County			7.50%	312.38

We Appreciate Your Business!

Total

\$4,477.38



TICKET 37940

CHARGE TO: Charter Energy
 ADDRESS _____
 CITY, STATE, ZIP CODE _____

PAGE 1 OF 1

SERVICE LOCATIONS

1. Phos WELL/PROJECT NO. 7 LEASE Gleason COUNTY/PARISH STAFFORD STATE LA CITY _____ DATE 8/19/25 OWNER _____
 2. Ness City TICKET TYPE SERVICE CONTRACTOR PS RIG NAME/NO. _____ SHIPPED By DELIVERED TO STAFFORD ORDER NO. _____
 3. _____ WELL TYPE oil WELL CATEGORY horizontal JOB PURPOSE PTA WELL PERMIT NO. _____
 4. _____ INVOICE INSTRUCTIONS _____ WELL LOCATION _____

PRICE REFERENCE	SECONDARY REFERENCE/ PART NUMBER	ACCOUNTING			DESCRIPTION	MILEAGE			UNIT PRICE	AMOUNT
		LOC	ACCT	DF		QTY.	U/M	QTY.		
575					772 114	60 mi	1 mi		8.00	480.00
596P					Ramp Charge - PTA	1 EA			1859.00	1859.00
290					D-Rate	3 bar			45.00	135.00
328-4					6046 Formic 4% gal	100.5x			14.00	1400.00
279					Traverse Gel	10.5x			30.00	300.00
581					Service Charge Amt	185.5x			2.90	288.00
582					Drainage Minimum	1 EA			350.00	350.00

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 _____ 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
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	

PAGE TOTAL 4165.00
 TOTAL 4477.38

SWIFT OPERATOR _____ APPROVAL _____
 CUSTOMER ACCEPTANCE OF MATERIALS AND SERVICES The customer hereby acknowledges receipt of the materials and services listed on this ticket.
 Thank You!

JOB LOG

SWIFT Services, Inc.

DATE 8/19/25 PAGE NO.

CUSTOMER		WELL NO.		LEASE		JOB TYPE		TICKET NO.	
<u>Chatter Energy</u>		<u># 1</u>		<u>Gleason</u>		<u>PTA</u>			
CHART NO.	TIME	RATE (BPM)	VOLUME (BBL) (GAL)	PUMPS		PRESSURE (PSI)		DESCRIPTION OF OPERATION AND MATERIALS	
				T	C	TUBING	CASING		
	<u>1230</u>								<u>On location</u>
									<u>Plugging down 5 1/2</u>
	<u>1700</u>								<u>1st Plug -</u>
		<u>5</u>	<u>30</u>			<u>0</u>			<u>pump 10 sx Bentonite gel</u>
		<u>5</u>	<u>5</u>			<u>0</u>			<u>pump 50 sx CRT</u>
		<u>5</u>	<u>13</u>			<u>0</u>			<u>2nd plug -</u>
									<u>pump 40 sx CRT</u>
									<u>Y.O.D.H w/ Csg</u>
		<u>1</u>	<u>10</u>			<u>0</u>			<u>Top off 8 5/8 - 40 sx</u>
	<u>1830</u>								<u>JOB complete</u>
									<u>Thanks</u>
									<u>Davis, Justin & Dustin</u>