

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



TICKET 38146

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

PAGE 1 OF 1

SERVICE LOCATIONS
 1. Hays, KS WELL/PROJECT NO. #3 LEASE Detkin COUNTY/PARISH Paragge STATE KS CITY _____ DATE 12/15/25 OWNER same
 2. Nes City, KS TICKET TYPE SERVICE CONTRACTOR Big Slicks RIG NAME/NO. _____ SHIPPED VIA CT DELIVERED TO Location ORDER NO. _____
 3. _____ WELL TYPE _____ WELL CATEGORY Workover JOB PURPOSE Plug Top Abandon WELL PERMIT NO. _____ WELL LOCATION _____
 4. _____ REFERRAL LOCATION _____ INVOICE INSTRUCTIONS _____

PRICE REFERENCE	SECONDARY REFERENCE/ PART NUMBER	ACCOUNTING			DESCRIPTION	MILEAGE #110	QTY. U/M			UNIT PRICE	AMOUNT
		LOC	ACCT	DF			QTY.	U/M	QTY.		
575		1									
576A		1			<u>Pump Change - PTA</u>						
290		1			<u>D-Air</u>						
328-4		2			<u>Lo/4D Bzmmix (496 Gel)</u>						
581		2			<u>Service Charge Consent</u>						
583		2			<u>Drayage</u>						

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
 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? YES NO CUSTOMER DID NOT WISH TO RESPOND

PAGE TOTAL 69722 TOTAL 72938

CUSTOMER ACCEPTANCE OF MATERIALS AND SERVICES The customer hereby acknowledges receipt of the materials and services listed on this ticket.

SWIFT OPERATOR [Signature] APPROVAL _____

Thank You!

JOB LOG

SWIFT Services, Inc.

DATE 12/15/25	PAGE NO. 1
TICKET NO. 38146	

CUSTOMER Charter Energy Inc		WELL NO.		LEASE		JOB TYPE PTA		DESCRIPTION OF OPERATION AND MATERIALS	
CHART NO.	TIME	RATE (BPM)	VOLUME (BBL) (GAL)	PUMPS		PRESSURE (PSI)		TUBING	CASING
				T	C	TUBING	CASING		
	1055								On location, wait for wireline to finish, then set up trucks.
									CIBP in hole Perts @ 1120' Run tubing to 1120'
	1300	4	34				200		Pump 125 SKS to circulate Cmt to surface
		4	60				300		Shut in 5 1/2" & continue Pumping to circulate from 8 5/8" Cmt circulates, shut down 100 SKS.
									Trip out of hole.
		1/2	8						Top off 5 1/2" w/ 30 SKS. Wash up trucks Rinse Tubing Rack up Job Complete
	1500								Thanks Jon, Seth & Austin
									255 sacks total