

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



Services, Inc.

CHARGE TO: Talon Group
 ADDRESS
 CITY, STATE, ZIP CODE

TICKET 38393

33-1 Oil

PAGE 1 OF 1

SERVICE LOCATIONS
 1. Ness City, KS WELL/PROJECT NO. okwo LEASE N. Chepco COUNTY/PARISH LANE STATE KS CITY
 2. Oil CONTRACTOR Pickrell Dig RIG NAME/NO. Development SHIPPED VIA GT DELIVERED TO Location DATE 2/15/2024 OWNER
 3. WELL TYPE Oil WELL CATEGORY Development JOB PURPOSE Plug to Abandon WELL PERMIT NO. 7165 R276
 4. REFERRAL LOCATION INVOICE INSTRUCTIONS

PRICE REFERENCE	SECONDARY REFERENCE/ PART NUMBER	ACCOUNTING			DESCRIPTION	QTY.		UNIT		AMOUNT						
		LOC	ACCT	DF		UM	UM	PRICE								
575		1			MILEAGE <u>Track #115</u>		40	mi	8.00	320.00						
576P		1			<u>Pump Change - PTA</u>		1	ops	1,280.00	1,280.00						
328.4		1			<u>CO/40 Pozmix 4% gcl</u>		260	sks	14.00	3,640.00						
276		1			<u>Flocc</u>		75	lbs	4.00	300.00						
290		1			<u>D-Air</u>		3	gal	45.00	135.00						
581		1			<u>Cement Service Change</u>		260	sks	2.00	520.00						
583		1			<u>Drayage</u>		459	tm	1.00	459.00						
REMIT PAYMENT TO: SWIFT SERVICES, INC. P.O. BOX 466 NESS CITY, KS 67560 785-798-2300					SURVEY <input type="checkbox"/> OUR EQUIPMENT PERFORMED WITHOUT BREAKDOWN? <input type="checkbox"/> WE UNDERSTOOD AND MET YOUR NEEDS? <input type="checkbox"/> OUR SERVICE WAS PERFORMED WITHOUT DELAY? <input type="checkbox"/> WE OPERATED THE EQUIPMENT AND PERFORMED JOB CALCULATIONS SATISFACTORILY? <input type="checkbox"/> ARE YOU SATISFIED WITH OUR SERVICE?		AGREE <input type="checkbox"/> YES <input type="checkbox"/> NO		UNDECIDED <input type="checkbox"/> YES <input type="checkbox"/> NO		DISAGREE <input type="checkbox"/> YES <input type="checkbox"/> NO		PAGE TOTAL <u>6624.00</u>		TOTAL <u>6624.00</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 2/15/2024 TIME SIGNED 12:00 A.M. P.M.

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

SWIFT OPERATOR Judith Fields APPROVAL

Thank You!

JOB LOG

SWIFT Services, Inc.

DATE 2/15/2026	PAGE NO. 1
TICKET NO. 38393	

CUSTOMER Talon Group		WELL NO. #1 OWNED		LEASE Nehpor 33-1 Anderson		JOB TYPE Plug to Abandon		TICKET NO. 38393	
CHART NO.	TIME	RATE (BPM)	VOLUME (BBL) (GAL)	PUMPS		PRESSURE (PSI)		DESCRIPTION OF OPERATION AND MATERIALS	
				T	✓	TUBING	CASING		
	1130				✓				ON LOCATION 4 1/2" DP
	1410	4	13 25		✓ ✓		300		Plug @ 2,140' w/ 50 SKS Displace w/ Mud
	1450	4	21		✓		250		Plug @ 1350' w/ 80 SKS
	1530	4	13		✓		150		Plug @ 650' w/ 50 SKS
	1550	4	10.5		✓		100		Plug @ 260' w/ 40 SKS
	1610	4	3		✓		50		Plug @ 40' w/ 10 SKS
	1620	4	8		✓		50		Plug RH w/ 30 SKS
	1630 1700								Wash up Truck #115 Job Complete
									260 SKS of 60/40 Pozmix 4% gel 1/4" # Flo used
									THANKS!
									Gideon, Josh, Shane