

**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

1071583

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.

\_\_\_\_\_  
(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**

**Mail to: KCC - Conservation Division, 130 S. Market - Room 2078, Wichita, Kansas 67202**

**COPELAND****Acid & Cement**

**POST OFFICE BOX 438  
HAYSVILLE, KS 67060  
(316) 524-1225  
(316) 524-1027 FAX**

**Invoice**

Page: 1

BURRTON, KS    ♦    GREAT BEND, KS  
(620) 463-5161    (620) 793-3366  
FAX (620) 463-2104    FAX (620) 793-3536

**INVOICE NUMBER:  
C39374-IN**

**BILL TO:  
CARMEN SCHMITT, INC.  
BOX 47  
GREAT BEND, KS 67530**

**LEASE: EHMKY 1**

| DATE   | ORDER  | SALESMAN   | ORDER DATE | PURCHASE ORDER   | SPECIAL INSTRUCTIONS |           |
|--|--------|--|------------|--|----------------------|-----------|
| 11/29/2011   | C39374 |  | 11/22/2011 |  | NET 30               |           |
| QUANTITY   | U/M    | ITEM NO./DESCRIPTION   |            | D/C  | PRICE                | EXTENSION |
| 80.00  | MI     | CEMENT MILEAGE PUMP TRUCK  |            | 0.00   | 4.00                 | 320.00    |
| 80.00  | MI     | CEMENT MILEAGE PU TRUCK  |            | 0.00   | 2.00                 | 160.00    |
| 1.00   | EA     | CEMENT PUMP CHARGE   |            | 0.00   | 650.00               | 650.00    |
| 215.00   | SAX    | 60-40 POZ MIX 2% GEL   |            | 0.00   | 9.25                 | 1,988.75  |
| 5.00   | SAX    | 2% ADDITIONAL GEL  |            | 0.00   | 16.00                | 80.00     |
| 150.00   | LB     | COTTONSEED HULLS   |            | 0.00   | 0.35                 | 52.50     |
| 220.00   | EA     | BULK CHARGE  |            | 0.00   | 1.25                 | 275.00    |
| 776.80   | MI     | BULK TRUCK - TON MILES   |            | 0.00   | 1.10                 | 854.48    |
| <b>REMIT TO:</b><br>P.O. BOX 438<br>HAYSVILLE, KS. 67060 |        | <b>COP</b><br><br>FUEL SURCHARGE IS NOT TAXABLE AND IS ADDED TO<br>MILEAGE, PUMP AND OR DELIVERY CHARGES ONLY. |            | Net Invoice: 4,380.73<br>LANCO Sales Tax: 40.95<br>Invoice Total: 4,421.68 |                      |           |
| RECEIVED BY _____  |        | <b>NET 30 DAYS</b>   |            |  |                      |           |

There will be a charge of 1.5% "per month" (18% annual rate) on all accounts over 30 days past due.

Copeland Acid & Cement is a subsidiary of Gressel Oil Field Service

Gressel Oil Field Service reserves a security interest in the goods sold until the same are paid for in full and reserve all the rights of a secured party under the Uniform Commercial Code



FIELD  
ORDER N° C 32374

BOX 438 • HAYSVILLE, KANSAS 67060  
316-524-1225

DATE 11/22/11 20

IS AUTHORIZED BY: Conner Schmitt (NAME OF CUSTOMER)

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

To Treat Well \_\_\_\_\_  
As Follows: Lease Elmky Well No. 1 Customer Order No. \_\_\_\_\_

Sec. Twp. \_\_\_\_\_  
Range \_\_\_\_\_ County Law State Ks

CONDITIONS: As a part of the consideration hereof it is agreed that Copeland Acid Service is to service or treat at owners risk, the hereinbefore mentioned well and is not to be held liable for any damage that may accrue in connection with said service or treatment. Copeland Acid Service has made no representation, expressed or implied, and no representations have been relied on, as to what may be the results or effect of the servicing or treating said well. The consideration of said service or treatment is payable. There will be no discount allowed subsequent to such date. 6% interest will be charged after 60 days. Total charges are subject to correction by our invoicing department in accordance with latest published price schedules.

The undersigned represents himself to be duly authorized to sign this order for well owner or operator.

THIS ORDER MUST BE SIGNED  
BEFORE WORK IS COMMENCED \_\_\_\_\_ By \_\_\_\_\_  
Well Owner or Operator Agent

| CODE | QUANTITY | DESCRIPTION                                     | UNIT COST | AMOUNT   |
|------|----------|---|-----------|----------|
|      | 50       | miller pump truck                               | 4.00      | 200.00   |
|      | 10       | miller pickup                                   | 10.00     | 100.00   |
|      | 1        | Pump (Pacer) (Plus)                             |           | 150.00   |
|      | 715      | 6% w/c p/z 2% sol                               | 9.00      | 1,948.50 |
|      | 5        | 2% w/c p/z sol                                  | 10.00     | 50.00    |
|      | 150      | Hulls   | 35        | 5,250.00 |
|      |          |   |           |          |
|      |          |   |           |          |
|      |          |   |           |          |
|      |          |   |           |          |
|      |          |   |           |          |
|      | 270      | Bulk Charge                                     | 1.00      | 270.00   |
|      |          | Bulk Truck Miles 771 T x 50 m = 770.5 Tm x 1.10 | 1.10      | 854.45   |
|      |          | Process License Fee on _____ Gallons            |           |          |
|      |          | TOTAL BILLING                                   |           | 4,350.00 |

I certify that the above material has been accepted and used; that the above service was performed in a good and workmanlike manner under the direction, supervision and control of the owner, operator or his agent, whose signature appears below.

Copeland Representative Arthur L.

Station C-15

Conner Schmitt  
Well Owner, Operator or Agent

Remarks \_\_\_\_\_

NET 30 DAYS



Acid State No. ....

County Lane State OR

Chain Hole Size..... T.D. .... ft. P.B. to..... ft.

\_\_\_\_\_ **FILE** \_\_\_\_\_

Trester, Nathan W.

[illegible]