

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 #: | | | | API No. 15 | | | | | |
|--------------------------------|-------------------------------|--------------------------------|--|--|--|--|--|--|--|
| Name: | | | | Spot Description: | | | | | |
| Address 1: | | | | Sec Twp S. R East Wes | | | | | |
| Address 2: | | | | Feet from North / South Line of Sectio | | | | | |
| City: | State: | Zip:+ | | Feet from East / West Line of Sectio | | | | | |
| Contact Person: | | | Footages Calculated from Nearest Outside Section Corner: | | | | | | |
| Phone: () | | | | NE NW SE SW | | | | | |
| Type of Well: (Check one) | Oil Well Gas Well | OG D&A Cathodic | : | County: | | | | | |
| Water Supply Well C | Other: | SWD Permit #: | | Lease Name: Well #: | | | | | |
| ENHR Permit #: | Gas Sto | rage Permit #: | | Date Well Completed: | | | | | |
| Is ACO-1 filed? Yes | No If not, is well | log attached? Yes | No | The plugging proposal was approved on: (Date | | | | | |
| Producing Formation(s): List A | All (If needed attach another | sheet) | by: (KCC District Agent's Name | | | | | | |
| Depth to | Top: Botto | m: T.D | | Plugging Commenced: | | | | | |
| Depth to | Top: Botto | m: T.D | | | | | | | |
| Depth to | m: T.D | Flugging Completed. | | | | | | | |
| | | | | | | | | | |
| Show depth and thickness of a | all water, oil and gas forma | ations. | | | | | | | |
| Oil, Gas or Water | Records | | ng Record (Surface, Conductor & Production) | | | | | | |
| Formation | Content | Casing | Size | e Setting Depth Pulled Out | | | | | |
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| | | | | | | | | | |
| Describe in detail the manner | in which the well is plugge | ed, indicating where the mud f | fluid wa | was placed and the method or methods used in introducing it into the hole. | | | | | |
| cement or other plugs were us | sed, state the character of | same depth placed from (botto | om), to | to (top) for each plug set. | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |

Plugging Contractor License #: ______ Name: ____ _____ Address 2: ____

Name of Party Responsible for Plugging Fees: ____

_____ 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

LEASE: WELCH 1B

Page: 1

COPELAND

Acid & Cement

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

(620) 463-5161 FAX (620) 463-2104

BURRTON, KS | GREAT BEND, KS (620) 793-3366 FAX (620)

INVOICE NUMBER: C43143-IN

BILL TO:

S&S OIL AND GAS P.O. BOX 659 SKIATOOK, OK 74070

| DATE | ORDER | SALESMAN | ORDER DATE | PURCHASE O | URCHASE ORDER | | NSTRUCTIONS |
|--|--------|---|-------------------------------|----------------------------------|---------------|-------------------|-------------|
| 10/31/2015 | C43143 | 10/29/2015 | | | N | ET 30 | |
| QUANTITY | U/M | ITEM NO./DE | ITEM NO./DESCRIPTION | | D/C | PRICE | EXTENSION |
| 1.00 | EA | CEMENT PUMP | CHARGE - PLUG | | 0.00 | 650.00 | 650.00 |
| 205.00 | sĸ | 60/40 POZ 2% G | BEL MIX | | 0.00 | 10.75 | 2,203.75 |
| 9.00 | МІ | MILEAGE CEME | NT PUMP TRUCK | | 0.00 | 4.00 | 36.00 |
| 1.00 | HR | OVERAGE OF 4 | HR MIN. | | 0.00 | 100.00 | 100.00 |
| 205.00 | EA - | BULK CHARGE | | | 0.00 | 1.25 | 256.25 |
| 1.00 | МІ | BULK TRUCK - | BULK TRUCK - TON MILES (MIN.) | | 0.00 | 150.00 | 150.00 |
| | | | | | v | | |
| REMIT TO: P.O. BOX 438 HAYSVILLE, KS 67060 | | | COB | | | Net Invoice: | 3,396.00 |
| | | FUEL SURCHARGE IS NOT TAXABLE AND IS ADDED TO MILEAGE, PUMP AND OR DELIVERY CHARGES ONLY. | | RENCO Sales Tax: Invoice Total: | | 60.00 3,456.00 | |
| RECEIVED BY | | | NET 30 DAYS | | , | | |



FIELD ORDER Nº C 43143

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

| SAUTHORIZED BY: State CLD SKATON City Skaton Country Cou | | | 316-524-1225 | DATE OCT 29 | ng - whanga transfer and a second | 20/5 |
|--|---|--|--|--|--|-------------------------------|
| Correct Well as Follows: Lease Walk Well No. B. Customer Order No. State Services to service or treat at owners risk. The her inheritation wall and a to be held liable for any damage that any secret is a greed that copaland Acid Service is a service or treat at owners risk. The her inheritation wall and a to be held liable for any damage that may secret is to what may be the results or effect of the servicing or treating said well. The consideration deal and a to be held liable for any damage that may secret is to what may be the results or effect of the servicing or treating said well. The consideration deal service or effect of the servicing or treating said well. The consideration of said service or interestinant is sayable. There will be no discount allowed abbequent to such date. Sk interest will be charged after 60 days. Total charges are subject to correction but revocing department in accordance with latest published price schedules. **The undersigned represents himself to be duy authorized to sign this order for well owner or operator.** **THIS ORDER MUST BE SIGNED **BEFORE WORK IS COMMENCED **Well Owner or Operator **DESCRIPTION **CODE** **QUANTITY* **DESCRIPTION **DESCRIPTION **QUANTITY* | IS AUTHORIZ | ZED BY: | 345 0114 Gras LLC | | | |
| To Treat Well as Scolows: Lease Walk Country Report Repor | | | A | | _ StateOkk | 374070 |
| County Read State County Read S | | | <u> </u> | Customer C | order No | |
| CONDITIONS. As a set of the consideration haved it is agreed that Copoland Acid Service has the set at owners risk, the hereinbefore mentioned well and it on the bank of any disappel with all may acrue in connection with add service or treat at owners risk, the hereinbefore mentioned well and it on the bank of any disappel with an expressed of on the bank of the consideration is payable. There will be 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 treating said well. The consideration of said service or treating department is payable. There will be not discount allowed subsequent to such data. 8% interest will be charged after 60 days. Total charges are subject to correction but 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. The undersigned represents himself to be duly authorized to sign this order for well owner or operator. The Undersigned represents himself to be duly authorized to sign this order for well owner or operator. The Undersigned represents himself to be duly authorized to sign this order for well owner or operator. The Undersigned represents himself to be duly authorized to sign this order for well owner or operator. By Agent A | Sec. Twp. | | ^ | | _ State | |
| Bulk Charge Bulk Truck Miles Process License Fee on Gallons 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 coordinate of the owner, operator or his agent, whose signature appears below. Copeland Representative Mell Owner, Operator or Agent Well Owner, Operator or Agent | CONDITIONS: not to be held li implied, and no treatment is pay | able for any dam representations vable. There will | age that may accrue in connection with said service of treatment, have been relied on, as to what may be the results or effect of the sibe no discount allowed subsequent to such date. 6% interest will be not such date. | servicing or treating said well e charged after 60 days. To | The considera | tion of said service or |
| CODE QUANTITY DESCRIPTION UNIT AMOUNT COST | THIS ORDER MU BEFORE WORK | JST BE SIGNED IS COMMENCED | Wall Ouger or Operator | By | Agent | |
| CODE COUNTY DESCRIPTION DESCR | | | | | | AMOUNT |
| Ha Orsday of the mine 100 = 1 | CODE | QUANTITY | DESCRIPTION | | COST | (oct 92 |
| Ha Orsday of the mine 100 = 1 | | 1 | Property too plu Job | | | 11 1273 |
| Hea Overlage of the mine 100 10 | | | (0-40-200 Poze 100) Saul | | | 3600 |
| Bulk Charge 356 Process License Fee on Gallons TOTAL BILLING 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 Station Well Owner, Operator or Agent Well Owner, Operator or Agent | | 100 | of mike lucy | | | 100 00 |
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| Process License Fee on | | 30530 | @110/ | .) | | U |
| TOTAL BILLING 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 Station Well Owner, Operator or Agent Well Owner, Operator or Agent | | 8880 | | X | | 120 |
| 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 Station Well Owner, Operator or Agent Democks Well Owner, Operator or Agent | | | Process License Fee on | | | |
| Copeland Representative Station Well Owner, Operator or Agent Well Owner, Operator or Agent | | | | The second of th | | |
| Remarks Plan Ast. 11:50 Pm. | manner | under the dir | ve | ve service was perform or his agent, whose si | ed in a good gnature appe | and workmanlike ars below. |
| Demortes / MAA (1991): | Station_ | BUKE | | Well Owner, Opera | tor or Agent | |
| | Remark | s_Ph | 11 1367/2 11.00 | > | | |



TREATMENT REPORT

Acid Stage No.

| | | | | | Type Treatment: Amt. | Type Fluid | Sand Size | Pounds of Saud |
|----------------|--|--|-----------------------|---|--|--|--------------------------|---|
| io-29 | - 15 Dis | trice BURE | To- F. O. | No | BkdownBbl. / | Gal | | |
| 84 | CO114 | Gras Lh | ,C | | Bbl. / | Gal | | *************************************** |
| Company | · Welc | h Bi | | *************************************** | Bbl. / | Gal | | |
| | | | | | Bbl. / | Gal | ***** ****************** | *************************************** |
| Location | ~ | | 21-1-Y- | | FlushBbl. / | | | |
| CountyKX | ٠ | | State. | | Treated from | | | |
| - | 110 | | | 20 | | ft. to | | |
| | | | | Set at | UT 15 ST. | | | |
| | | | | to | CONTRACTOR OF THE PERSON NAMED IN CONTRA | ft. to | | 7. |
| Formation: | | | Perf | to | Actual Volume of Oil/Water | to Load Hole: | 13 | |
| Formation: | | | Perf | to | | | | |
| Liner: Size | Type & Wt | | Top atft. | Bottom atft. | Pump Trucks. No. Used: Std | | Ty | vin |
| | | | | ft. toft. | Auxiliary Equipment Bal. | | | 13 |
| | | | | ft. | Packer: | | Set at | ft. |
| | | | | ft. | Auxiliary Tools | | | |
| Pert | orated from | | | | Plugging or Scaling Materials | : Type 205 Sack | 60-40 | -272 |
| | 8 | | 4. 11.1 | l toft. | | | | |
| Onen Hole Size | ····· | . T.D | | l. toft. | | 0 1 | | |
| | | | | | Treater //ex- | RI | | |
| Company R | epresentative | | | | 1 reaces | 1/1 | | |
| TIME | PRESS | | Total Fluid Pumped | | REL | KRKS. | | |
| a.m /p.m. | Tubing | Casing | 2 | | | 701 | | |
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Invoice

Page: 1

GRESSEL OIL FIELD SERVICE

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

BURRTON, KS & EL DORADO, KS & GREAT BEND, KS & (620) 463-5161 FAX (620) 463-2104

(316) 321-2065

(620) 793-3366

HAYS, KS (785) 628-3220 INVOICE NUMBER: 0184083-IN

BILL TO:

S & S OIL AND GAS, LLC P.O. BOX 659 SKIATOOK, OK 74070

LEASE: WELCH B-1

| DATE | ORDER | SALESMAN | ORDER DATE | PURCHASE C | ORDER | SPECIAL INSTRUCTIONS | |
|--|-------|--|----------------------|-------------|-------|--------------------------------|--------------|
| 10/31/2015 | 19390 | | 10/29/2015 | | | NET 30 | |
| QUANTITY | U/M | ITEM NO./DE | SCRIPTION | | D/C | PRICE | EXTENSION |
| 9.50 | HR | 10/29/15 - FURNISH JOB 80 BBL TANK T | 1 120 BBL FRESH WATE | ER FOR PLUG | 0.00 | 95.00 | 902.50 |
| | | | | | | | 585 |
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| DEMIT TO | | | | | | Net Invoice: | 902.5 |
| REMIT TO: P.O. BOX 438 HAYSVILLE, KS 67060 | | | TT | | RE | NCO Sales Tax: Invoice Total: | 0.0 902.5 |
| RECEIVED BY | | | NET 30 DAYS | | 200 | | 1 |

LEASE WORK
CONTRACT PUMPING

GRESSEL OIL FIELD SERVICE, L.L.C.

Post Office Box 438 Haysville, Kansas 67060 Phone: (316) 524-1225 Fax (316) 524-1027 Post Office Box 607 Phone: (620) 463-5161 Burrton, Kansas 67020

| | Date 10-29 20 |
|------------------------|------------------|
| Company 5250112600 LLC | |
| Address Rejo Co- | N º 19390 |
| Lease Welch #1B | |
| Description of Work | |
| For plug Job- | 9/hy) |
| | |
| DRIVER OR OPERATOR APP | PROVED BY |