



Notice: Fill out COMPLETELY and return to Conservation Division at the address below within 60 days from plugging date.

KANSAS CORPORATION COMMISSION 1279997
OIL & GAS CONSERVATION DIVISION

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.
 _____ 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

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

COPELAND

Acid & Cement

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

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

Invoice

INVOICE NUMBER:
C43615-IN

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

LEASE: OGALLAH UNIT 4-7

DATE	ORDER	SALESMAN	ORDER DATE	PURCHASE ORDER	SPECIAL INSTRUCTIONS	
01/13/2016	C43615		01/06/2016		NET 30	
QUANTITY	U/M	ITEM NO./DESCRIPTION		D/C	PRICE	EXTENSION
40.00	MI	MILEAGE CEMENT PUMP TRUCK		10.00	4.00	144.00
40.00	MI	MILEAGE PICKUP TRUCK		10.00	2.00	72.00
1.00	EA	CEMENT PUMP CHARGE - PLUG		10.00	650.00	585.00
440.00	SK	60/40 POZ 2% GEL MIX		10.00	10.75	4,257.00
8.00	SK	2% ADDITIONAL GEL		10.00	22.00	158.40
300.00	LB	COTTONSEED HULLS		10.00	0.40	108.00
454.00	EA	BULK CHARGE		10.00	1.25	510.75
796.40	MI	BULK TRUCK - TON MILES		10.00	1.10	788.44
		<i>710/43</i> <i>13090.0407</i> <i>Well file</i> <i>Cement plug services</i>				
REMIT TO: P.O. BOX 438 HAYSVILLE, KS 67060		COP		Net Invoice: 6,623.59 TRECO Sales Tax: 46.80 Invoice Total: 6,670.39		
RECEIVED BY _____		NET 30 DAYS				

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

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 43615

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

DATE 1-6-15 20__

IS AUTHORIZED BY: Cornel Schmidt (NAME OF CUSTOMER)

Address _____ City _____ State _____

To Treat Well As Follows: Lease Oselok Unit Well No. 4-7 Customer Order No. _____

Sec. Twp. Range _____ County Trego 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

Well Owner or Operator

By _____

Agent

CODE	QUANTITY	DESCRIPTION	UNIT COST	AMOUNT
2	40	mileage pump truck	4. ^{00/}	160. ^{00/}
2	40	mileage pickup	2. ^{00/}	80. ^{00/}
2	1	Pump Charge - Plus		650. ^{00/}
2	440	60/40 per. 2% sol.	10. ^{75/}	4,730. ^{00/}
2	8	2% add. sol.	22. ^{00/}	176. ^{00/}
2	300 ⁰⁰	Hulls	.40	120. ^{00/}
2	454	Bulk Charge	1. ^{25/}	567. ^{50/}
2		Bulk Truck Miles 19.91 T x 40m = 796.4 Tm x 1. ^{10/}	1. ^{10/}	876. ^{04/}
		Process License Fee on _____ Gallons		
TOTAL BILLING				7,359. ^{54/}

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 Nathan W.

10% - 735.95

Station G-R

Curtis H. Total \$ 6623.59

Well Owner, Operator or Agent

Remarks _____

NET 30 DAYS



TREATMENT REPORT

Acid Stage No. _____

Date 1/6/2015 District G.B. F.O. No. C43615

Company Carmen Schmitt

Well Name & No. Ogallah Unit 4-7

Location 26-12-22 Field _____

County Trego State KS

Casing: Size 5.5" Type & Wt. _____ Set at _____ ft.

Formation: _____ Perf. _____ to _____

Formation: _____ Perf. _____ to _____

Formation: _____ Perf. _____ to _____

Liner: Size _____ Type & Wt. _____ Top at _____ ft. Bottom at _____ ft.

Cemented: Perforated from _____ ft. to _____ ft.

Tubing: Size & Wt. 2.5" Swung at _____ ft.

Perforated from _____ ft. to _____ ft.

Open Hole Size _____ T.D. _____ ft. P.B. to _____ ft.

Type Treatment: Amt. _____ Type Fluid _____ Sand Size _____ Pounds of Sand _____

Bkdown _____ Bbl./Gal. _____

_____ Bbl./Gal. _____

_____ Bbl./Gal. _____

_____ Bbl./Gal. _____

Flush _____ Bbl./Gal. _____

Treated from _____ ft. to _____ ft. No. ft. 0

_____ from _____ ft. to _____ ft. No. ft. 0

_____ from _____ ft. to _____ ft. No. ft. 0

Actual Volume of Oil / Water to Load Hole: _____ Bbl./Gal.

Pump Trucks: No. Used: Std. 365 Sp. _____ Twin _____

Auxiliary Equipment 360/310

Personnel Nathan Jordan Greg

Auxiliary Tools _____

Plugging or Sealing Materials: Type _____ Gals. _____ lb.

Company Representative Curtis H. Treater Nathan W.

TIME a.m./p.m.	PRESSURES		Total Fluid Pumped	REMARKS
	Tubing	Casing		
2:00	2.5"	5.5"		On Location.
				Mix 100skts 60/40poz 4%gel with 100# Hulls at 3900'
				Mix 100skts with 100# Hulls at 3700'
				Mix 100skts with 100# Hulls at 2800'
				Mix 80skts at 1750' Circulated cement to surface out casing. Shut in casing and mix 40skts. Circulated cement to surface out surface pipe.
5:30				Top off with 20skts.
				Thank You!
				Nathan W.