**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

1361839

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 #:	API No. 15
Name:	Spot Description:
Address 1:	Sec Twp S. R East West
Address 2:	Feet from North / South Line of Section
City: State: Zip: +	Feet from East / West Line of Section
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     Water Supply Well   Other:   SWD Permit #:   SWD Permit #:   SWD Permit #:     ENHR Permit #:   Gas Storage Permit #:   Gas Storage Permit #:   No     Is ACO-1 filed?   Yes   No   If not, is well log attached?   Yes   No     Producing Formation(s): List All (If needed attach another sheet)	County: Well #: Uell #: Date Well Completed: The plugging proposal was approved on: (Date) by: (KCC District Agent's Name) Plugging Commenced: Plugging Completed: Plugging Pl

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:	Name:						
Address 1:		Address 2:						
City:		State:	Zip:	+				
Phone: ( )								
Name of Party Responsible for Pl	ugging Fees:							
State of	County,	, SS.						
	(Print Name)	Employee of Operato	or 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.

2		0	~	~
	v			_

Page: 1

**COPELAND** 

# Acid & Cement

BURRTON, KS 🍐 GREAT BEND, KS (620) 463-5161 FAX (620) 463-2104

(620) 793-3366 FAX (620)

**POST OFFICE BOX 438** 

HAYSVILLE, KS 67060

(316) 524-1225

(316) 524-1027 FAX

INVOID	E NUMBER:
C4494	2-IN

LEASE: WILE TWIN #10

BILL TO: **BUFFALO OIL CO., LLC P.O. BOX 6 OXFORD, KS 67119** 

DATE	ORDER	SALESMAN	ORDER DATE	DATE PURCHASE ORDER SPECIAL IN		STRUCTIONS	
05/31/2017	C44942		05/23/2017	a construction in the	dialog of	NE	ET 30
QUANTITY	U/M	ITEM NO./DI	ESCRIPTION		D/C	PRICE	EXTENSION
1.00	EA	CEMENT PUMP	CEMENT PUMP CHARGE - PLUG		0.00	650.00	650.00
50.00	sк	COMMON CEME	COMMON CEMENT			12.75	637.50
165.00	sк	60/40 POZ 2% G	GEL MIX		0.00	10.75	1,773.75
5.00	sк	CALCIUM CHLC	RIDE		0.00	30.00	150.00
100.00	LB	COTTONSEED I	HULLS		0.00	0.40	40.00
39.00	мі	MILEAGE CEME	ENT PUMP TRUCK		0.00	4.00	156.00
215.00	EA	BULK CHARGE			0.00	1.25	268.75
743.15	м	BULK TRUCK - TON MILES			0.00	1.10	817.47
		ENT	EREN				
		6-20					
REMIT TO: P.O. BOX	438		COB			Net Invoice:	4,493.47
	LE, KS 67060		E IS NOT TAXABLE ANI AND OR DELIVERY CH		SUMCO	Sales Tax:	48.75 4,542.22
			and the second second		1		7,542.22

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.





CORPELIND *		field order № C 44	942
Acid & Cement Box 438.	HAYSVILLE, KANSAS 67060 316-524-1225 DATE	MEN 23 20	1
IS AUTHORIZED BY: Berthalb ON W GR	(NAME OF CUSTOMER)	2	
Address	_ City	State	
To Treat Well As Follows: Lease Works Tubio	Well No. 10	Customer Order No	
Sec. Twp. D5 315 2.R.	County Summer	State	

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.

By

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	Agent	
QUANTITY	DESCRIPTION	UNIT COST	AMOUNT
1	Procedury for Pluy Job		650 00
503d			6375
165 sale	60-40-270 Poz 10 / Sack.		1773 75
5 bay	Calcium Chloeide @ 30 / sock		150 00
1005tt 0	Hulle @ Hot / Lb.		40=
	a luxar miley for Pinpteucle Split too wells.		156-20
	2 1 1 1		
1.1.1.5			
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			and the
2155	Bulk Charge 199 Seck		388 75
74315	Bulk Truck Miles 119 to~ mile		817 42
	Process License Fee onGallons		
	TOTAL BILLING		
	1 503000 1655000 105tt 78001	QUANTITY DESCRIPTION 1 Pump chy for Pluy Job 50324 Chase A Ommon center 1275/seck 165524 (00-40-276 Poz 1077 seck 502 Colcium Chloeide 30 / seck 105# Hulle 40#/126 78 mile 1 way miley for Pump tende Split too wells 78 mile 1 way miley for Pump tende Split too wells 91552 Bulk Charge 127 seck 743 15 Bulk Truck Miles 127 ton mile Process License Fee on Gallons	QUANTITY DESCRIPTION UNIT COST   1 Pump chy, for Pluy Tob 50304 Choso H Omnow cement 10 <sup>17</sup> seck   165304 (00-40-3% Poz <sup>2</sup> 10 <sup>17</sup> seck 10 <sup>17</sup> seck   5boy Calcuin Chloride C 30 <sup>1</sup> seck 5000   5boy Calcuin Chloride C 30 <sup>1</sup> seck 5000   78 mile Halle Apt 1 Hb. 11000   78 mile 10000 10000   9054 Hulle O 40 <sup>4</sup> 1 Hb. 11000   78 mile 10000 10000   9054 Hulle O 40 <sup>4</sup> 1 Hb. 110000   78 mile 10000 10000   9054 100000 10000   9055 10000 10000   9054 10000 10000   9055 10000 10000   9055 10000 10000   9055 10000 10000   90000 10000 10000   90000 10000 10000   90000 10000 10000   90000 10000 10000   90000 10000 10000   90000 10000 10000   90000 10000 10000   90000 10000 10000   90000 10000 10000

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.

	MI
Copeland Representative	m of
Station Buffefor	
Remarks Plus out	11:45
	NET 30 DAYS

Well Owner, Operator or Agent



## TREATMENT REPORT

Acid Stage No.

					Type Treatment:		Type Fluid	Sand Size	Pounds of Saud
Date 5/2	312 0	atrict. Busher	<b>7</b> .0	). No	Bkdown				
Company	Sufferto.					Bbi./Gai 			
						Bbi./Gal			
					Flush	•			
County24	A				Treated from	•		1	
(Junimus Mire)	יירש	Type & Wt.		Set atft.	1	ft.		1	
				to	from	ft.	to	ft. No. 1	Rt
				to					
				to	1	Dil/Water to Load			
				. Bottom stft.	Pump Trucks. No.	Used: Std 32	5	Tw	'in
	•			ft. toft.	Auxiliary Equipme	•			
				ft.	Packer:				ft.
Pe	rforated from		ft. to		Auxiliary Tools Plugging or Sealing		$\sum L$		E D 12
					Plugging or Sealing	g Muterials: Type S		<u>بالاستالا</u>	<u></u>
then Hole Si	¥e		ft. P.1	3. toft.	1 100 mai			Giala	
					Treater .	$\gamma$	A		
	Representativ	'C SURES				age Da	<b> </b>		
TIME s.m /p.m.	Tubing	Casing	Total Fluid Pumped			REMARK	8		
				On loc JS	A Rin n	a to alu	urell	1	
<u>d yab</u>			0	mix 2 and		ARI. WW	d. Rug	4200	 Ci
9:40				Tili C KO		Stever 1	eter to ch		Clear
	1		7834	Tula Jacob	Start mix		w~ hale		
:			D	Q. 5.9+	- 100# Hull	2 64 8 C		n Porta.	
9:50		1	14 661.	50 serter	ann hree	it in a going		volc.	
:			172 BRU	33 BBIC +	Flush let	RIPOST	Less of	USY	
:				Pull tube	our.			<u> </u>	<u> </u>
:				Brynp W	ien line	<u>pen 30</u>		Lyn 3n 5	<u>+</u>
:				Try demos	29 1440'	Tia ant	<u>)" CAE</u>		
110			13 884	to beeck	CIRC On	12" Suela	ce, Had-	2) SIN+ Q	ON & TX
	<u> </u>				Suredic 1		1 66	)-40-25	. 8
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Invoice

# **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, (620) 463-5161 FAX (620) 463-2104

(316) 321-2065 KS (620) 793-3366

HAYS, KS ۵ (785) 628-3220 INVOICE NUMBER: 0192662-IN

Page: 1

LEASE: WILES #10

BILL TO: **BUFFALO OIL CO., LLC P.O. BOX 6 OXFORD, KS 67119** 

DATE	ORDER	SALESMAN	ORDER DATE	PURCHASE	ORDER	SPECIAL INS	TRUCTIONS
05/31/2017	1315		05/23/2017			NE	Г 30
QUANTITY	U/M	ITEM NO./D	ESCRIPTION	10 <sup>10</sup>	D/C	PRICE	EXTENSION
		PERFORATED WI	TH 3 1/2 STRIP JETS A	S FOLLOWS:			
		FROM 300' TO 301	', 4 SHOTS				
		RIG UP 1' X 4 SPF TEAR DOWN.	, SQUEEZE GUN, RUN	IN & PERF,			
1.00	EA	BID PRICE			0.00	950.00	950.00
					c.		
		ENT G-13	ERED				
	1						
					-		
REMIT TO:			1.00	-		Net Invoice:	950.00
P.O. BOX HAYSVIL	( 438 .LE, KS 67060		LOG		SUN	ACO Sales Tax:	0.00
						Invoice Total:	950.00
RECEIVED BY	1		NET 30 DAYS				a second for

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