

**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

SUNFLOWER WELL SERVICE, INC.

P.O. BOX 341

CANTON, KS 67428-0341

PH. (620) 628-4723

FAX (620) 628-7911

*Buffalo Gp*  
*Ed. Schroeder lease*

INVOICE

TO: LOEWEN OPERATOR  
P O BOX 335  
CANTON, KS 67428

INVOICE	INVOICE NUMBER	LEASE NAME
07-11-18	3624	Ed Schroeder #1
DATE	DESCRIPTION	UNIT PRICE
		TOT INV

06/29/18 MOVED TO LOCATION:

Rigged up, Pulled and singled rods out, Pulled tubing , seat nipple and mud anchor, Ran bailer, Found T.D. at 3010', Dumped sand for bottom plug, Shut down.

Rig & Crew 8 hrs \$205 per hr \$1,640.00

07/02/18 Ran bailer, Found top of sand at 2900', Dumped 4 sacks of cement on bottom Had surface dug out, Had to cut 4-1/2" off of 5-1/2", Pulled on 4-1/2", Had no Stretch, Shut down.

Rig & Crew 4 hrs \$205 per hr \$ 820.00

07/03/18 Rigged logger up, Perforated at 250', Rigged cementer up, Broke circulation On 4-1/2", Pumped cement to surface, Washed up, Cut 4-1/2" and 5-1/2" off, Rigged down.

Rig & Crew 4 hrs \$205 per hr \$ 820.00  
Power tongs \$ 25.00  
Cutting Equipment \$ 100.00  
4 sacks Cement \$ 48.00  
Tank truck to haul water and empty pit \$ 230.00

Loewen Operator Inc.

THANK YOU FOR YOUR BUSINESS !!!!

**PAID**

Date: 7-17-18

Ck # 41031

Amt. \_\_\_\_\_

Sub Total \$3,683.00

Sales Tax 8.00% 294.64

TOTAL \$3,977.64

TERMS: NET 30 1.5% WILL BE ADDED AFTER 30 DAYS FROM DATE OF INVOICE. PLEASE PAY FROM THIS INVOICE.

# SUNFLOWER WELL SERVICE, INC.

3624

COMPLETION - WORKOVER - ROD & TUBING SERVICE  
408 N. 4TH STREET, PO. BOX 341, CANTON, KS 67428

Company Loewen operator  
 Lease ED-Schroder Well #1  
 Unit 3 Oper. B.D Prod. well      New well      Inj. well       
M.C

DATE	WORK DONE	HRS.	AMOUNT
6-29-18	Moved to location Rigged up pulled + singles rods out. pulled tubing seat nipple + mud acher. ran bailer found T.D at 3010. dump sand for bottom plug. shut down. Rig crew	8	1,640.00
7-2-18	Ran bailer found top of sand at 2900ft dump 11 S/k of c/m on bottom with bailer. Had surface dug out. had to cut 4 1/2 off of 5 1/2. pulled on 4 1/2 had no stretch. shut down. Rig crew	4	820.00
7-3-18	Rigged logger up. perforated at 250ft. missed cementer up broke circulation on 4 1/2. Pump c/m to surface. wash up. cut 4 1/2 + 5 1/2 off. Rigged down Rig crew	4	820.00
<b>EXTRA EQUIPMENT &amp; SUPPLIES</b>		<b>HRS.</b>	<b>AMOUNT</b>
	Power tongs <u>25.00</u>		25.00
	Kero. & Paint		
	Swab Cups		378.00
	Other: <u>Cutting equipment to cut pipe 100.00</u> <u>4 S/k of c/m 48.00</u> Tank truck haul water to c/m + empty pit <u>230.00</u> + water.	SUB TOTAL	3683.00
		TAX	
		TOTAL	

### WELL RECORD

Pulled	RODS	Ran	Pulled	TUBING	Ran
	1			3"	
	7/8			2 1/2	
	3/4			2	
	5/8			subs	
	subs			subs	
	subs			barrel	
	pump			sn	
				perf.	
				ma	



1023 Reservation Rd  
Hays, KS 67601-3982

Office: 785-625-1182 or 785-625-1118

Fax: 785-625-1180

INVOICE  
3342

*Buffalo Gp*  
*Ed Schroeder Gp*

Loewen Operator Inc  
PO BOX 335  
CANTON KS 67428-0335

Invoice Date	7/9/2018
12255 Lease	Ed Schroeder
Well	1
County	McPherson
State	KS

Service Date	Job Ticket	Description	Amount
07/03/18	1230	Perforating	\$ 1,450.00

**Loewen Operator, Inc.**

\_\_\_\_\_ Gp

**PAID**

Date: \_\_\_\_\_ *7-17-18*

Ck # \_\_\_\_\_ *41029*

Amt. \_\_\_\_\_

SubTotal	\$	1,450.00
	\$	-

**Please Pay From This Invoice**

**TOTAL DUE** \$ **1,450.00**

**We Appreciate Your Business !**

Terms: Invoice payable net 30 from date on invoice.  
Past due invoices subject to finance charge at maximum rate allowed by state law.

Larry Smith  
785-432-0165  
Hays KS

Scott Chesney  
620-672-8300  
Pratt KS

David Burns  
620-629-3972  
Liberal KS





REMIT TO  
 QES Pressure Pumping LLC  
 Dept:970  
 P.O.Box 4346  
 Houston, TX 77210-4346

MAIN OFFICE

P.O.Box884  
 Chanute, KS 66720  
 620/431-9210, 1-800/467-8676  
 Fax 620/431-0012

Invoice Invoice# 813560

Invoice Date: 07/06/18 Terms: C.O.D. Page 1

LOEWEN OPERATOR INC  
 208 S. MAIN  
 CANTON KS 67428  
 USA

Ed Schroeder #1

Part No	Description	Quantity	Unit Price	Discount(%)	Total
CE0450	Cement Pump Charge 0 - 1500'	1.000	1,500.0000	35.000	975.00
CE0002	Equipment Mileage Charge - Heavy Equipment	50.000	7.1500	35.000	232.38
CE0711	Minimum Cement Delivery Charge	1.000	660.0000	35.000	429.00
CC5829	Lite-Weight Blend V (60:40:4)	115.000	16.0000	35.000	1,196.00
CC5325	Calcium Chloride	200.000	1.2500	35.000	162.50

Subtotal 4,607.50

Discounted Amount 1,612.63

SubTotal After Discount 2,994.87

Loewen Operator, Inc.

Gp

Amount Due 4,774.70 If paid after 07/06/18

**PAID**

Date: 7-17-18

Ck # 4030

Amt. \_\_\_\_\_

Tax: 108.68

Total: 3,103.56

*Buffalo Gp  
 Ed. Schroeder lease*



PRESSURE PUMPING LLC  
 PO Box 884, Chanute, KS 66720  
 820-431-9210 or 800-467-8676

11041  
 10932

TICKET NUMBER 54549  
 LOCATION Eldorado KS  
 FOREMAN Austin

FIELD TICKET & TREATMENT REPORT  
 CEMENT

Invoice # 813560

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
7-3-18	4779	ED Schroeder #1	8	21	1	Wheeler
CUSTOMER Loewen Operator Inc			TRUCK #	DRIVER	TRUCK #	DRIVER
MAILING ADDRESS 208 S MAIN / P.O. Box 335			866	Austin		
CITY Chanute			760	Chris		
STATE KS			775	Jeremy		
ZIP CODE 67428						

JOB TYPE Plug B HOLE SIZE \_\_\_\_\_ HOLE DEPTH \_\_\_\_\_ CASING SIZE & WEIGHT \_\_\_\_\_  
 CASING DEPTH \_\_\_\_\_ DRILL PIPE \_\_\_\_\_ TUBING \_\_\_\_\_ OTHER \_\_\_\_\_  
 SLURRY WEIGHT \_\_\_\_\_ SLURRY VOL \_\_\_\_\_ WATER gal/sk \_\_\_\_\_ CEMENT LEFT in CASING \_\_\_\_\_  
 DISPLACEMENT \_\_\_\_\_ DISPLACEMENT PSI \_\_\_\_\_ MIX PSI \_\_\_\_\_ RATE \_\_\_\_\_

REMARKS: Safety meeting bullhead 4 1/2 pumped 15 bbl water then pumped cement to surface hole standing full

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
CE0150	1	PUMP CHARGE	1500.00	1500.00
CE0002	30	MILEAGE	7.15	357.50
CE0211	1	min bulk delivery	1100.00	1100.00
CC8829	115	60/40 4"b	16.00	1840.00
CC5325	200	Calcium Chloride	1.25	250.00
				4607.50
			30	1612.62
				6220.12
				2994.99
				3103.55

SALES TAX ESTIMATED TOTAL 2994.99  
 AUTHORIZATION [Signature] TITLE \_\_\_\_\_ DATE \_\_\_\_\_

I acknowledge that the payment terms, unless specifically amended in writing on the front of the form or in the customer's account records, at our office, and conditions of service on the back of this form are in effect for services identified on this form.



PRESSURE PUMPING LLC  
 PO Box 884, Chanute, KS 66720  
 620-431-9210 or 800-467-8676

TICKET NUMBER **54549**  
 LOCATION Eldorado KS  
 FOREMAN Austin

**FIELD TICKET & TREATMENT REPORT**  
**CEMENT**

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
7-3-18		ED Schroeder #1	8	21	1	Medford
CUSTOMER Green C Painter Inc			TRUCK #	DRIVER	TRUCK #	DRIVER
MAILING ADDRESS 708 S Main / P.O. Box 3359			766	Austin		
CITY Chanute			775	Chris		
STATE KS				Jenny		
ZIP CODE 67428						

JOB TYPE Plug IS HOLE SIZE \_\_\_\_\_ HOLE DEPTH \_\_\_\_\_ CASING SIZE & WEIGHT \_\_\_\_\_  
 CASING DEPTH \_\_\_\_\_ DRILL PIPE \_\_\_\_\_ TUBING \_\_\_\_\_ OTHER \_\_\_\_\_  
 SLURRY WEIGHT \_\_\_\_\_ SLURRY VOL \_\_\_\_\_ WATER gal/sk \_\_\_\_\_ CEMENT LEFT in CASING \_\_\_\_\_  
 DISPLACEMENT \_\_\_\_\_ DISPLACEMENT PSI \_\_\_\_\_ MIX PSI \_\_\_\_\_ RATE \_\_\_\_\_

REMARKS: Successfully electric treatment 4 1/2 pumps 1500 gal water then pumped cement to surface hole standing full

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
CEM150	1	PUMP CHARGE	1500. <sup>00</sup>	1500. <sup>00</sup>
CEM200	50	MILEAGE	7. <sup>15</sup>	357. <sup>50</sup>
CEM211	1	min bulk delivery	660. <sup>00</sup>	660. <sup>00</sup>
CEM329	115	60/40 4% Calcium Chloride	16. <sup>00</sup>	1840. <sup>00</sup>
CEM325	200		1. <sup>25</sup>	250. <sup>00</sup>
				4609. <sup>50</sup>
				1612. <sup>62</sup>
			SALES TAX	
			ESTIMATED TOTAL	2994. <sup>84</sup>

Ravin 3737

AUTHORIZATION [Signature] TITLE \_\_\_\_\_ DATE \_\_\_\_\_

I acknowledge that the payment terms, unless specifically amended in writing on the front of the form or in the customer's account records, at our office, and conditions of service on the back of this form are in effect for services identified on this form.