

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

GLOBAL OIL FIELD SERVICES, LLC

Invoice

24 S. Lincoln
RUSSELL, KS 67665

RECEIVED NOV 19 2018

Date	Invoice #
11/15/2018	0013222

Bill To
YOUNGER ENERGY COMPANY 9415 E HARRY ST STE 403 BLDG 400 WICHITA,KS 67207

P.O. No.	Terms	Project
SCHARTZ#2-34	Due on receipt	

Quantity	Description	Rate	Amount
126	COMMON CEMENT	16.00	2,016.00
84	POZ	9.50	798.00
7	BENTONITE GEL	30.00	210.00
217	HANDLING	1.90	412.30
	BULK MILEAGE	607.80	607.80
	TRI-PLEX PUMP CHARGE FOR PLUG	750.00	750.00
35	HEAVY EQUIPMENT. ONE WAY	3.00	105.00
35	LMV- ONE WAY	1.50	52.50
*	15% DISCOUNT IF PAID WITHIN 15 DAYS OF INVOICE PAWNEE CO SALES TAX	8.50%	0.00

*Plugging Costs
Pump 210 sts. 60/40 poz mix 4% gel;
Circulated to the pit / #2*

Thank you for your business.

Phone #	Fax #
785-445-3525	785-445-3526

Total \$4,951.60

DA SW

DR

*Schartz #2
11/15
rem to DR*

GLOBAL OIL FIELD SERVICES, LLC 0013222

REMIT TO 24 S. Lincoln
Russell, KS 67665

SERVICE POINT Russell

DATE <u>11-5-18</u>	SEC. <u>34</u>	TWP. <u>21</u>	RANGE <u>13</u>	CALLED OUT	ON LOCATION	JOB START	JOB FINISH <u>12:10 PM</u>
LEASE <u>Schoer 72</u>	WELL# <u>234</u>	LOCATION <u>Radium 3W</u>			COUNTY <u>Pawnee</u>	STATE <u>KS</u>	
<input checked="" type="radio"/> OLD OR NEW (CIRCLE ONE)							

CONTRACTOR <u>NONE</u>	OWNER
TYPE OF JOB <u>PLUG</u>	CEMENT AMOUNT ORDERED
HOLE SIZE _____ T.D. _____	<u>210# 6940 4% gel</u>
CASING SIZE <u>5 1/2</u> DEPTH _____	COMMON <u>126</u> @ <u>16.00</u> <u>2016.00</u>
TUBING SIZE _____ DEPTH _____	POZMIX <u>84</u> @ <u>9.50</u> <u>798.00</u>
DRILL PIPE _____ DEPTH _____	GEL <u>7</u> @ <u>3.0</u> <u>210.00</u>
TOOL _____ DEPTH _____	CHLORIDE @ _____
PRES. MAX _____ MINIMUM _____	ASC @ _____
MEAS. LINE _____ SHOE JOINT _____	_____ @ _____
CEMENT LEFT IN CSG. _____	_____ @ _____
PERFS _____	_____ @ _____
DISPLACEMENT _____	_____ @ _____
EQUIPMENT _____	_____ @ _____
PUMP TRUCK # <u>417</u> CEMENTER <u>Bill</u>	_____ @ _____
BULK TRUCK # _____ HELPER <u>Jason</u>	_____ @ _____
BULK TRUCK # _____ DRIVER <u>Chris</u>	_____ @ _____
BULK TRUCK # _____ DRIVER _____	_____ @ _____

HANDLING <u>217.00</u>	@ <u>1.90</u>	<u>412.30</u>
MILEAGE <u>.08/35/217</u>		<u>607.60</u>
TOTAL		<u>4043.90</u>

REMARKS:

Fst Circ.
Cent w/ 210# Cement
Cirt. TOP IT

CHARGE TO: Younger Energy
STREET _____
CITY _____ STATE _____ ZIP _____

Global Oil Field Services, LLC
You are hereby requested to rent cementing equipment and furnish cementer and helper(s) to assist owner or contractor to do work as is listed. The above work was done to satisfaction and supervision of owner agent or contractor. I have read and understand the "GENERAL TERMS AND CONDITIONS" listed on the reverse side.

PRINTED NAME Don Brauning
SIGNATURE Don Brauning

SERVICE

DEPTH OF JOB _____	PUMP TRUCK CHARGE <u>750.00</u>
EXTRA FOOTAGE @ _____	MILEAGE <u>Pick up 35</u> @ <u>1.50</u> <u>52.50</u>
MANIFOLD PUMP TRUCK @ <u>3.00</u> <u>165.00</u>	
TOTAL <u>607.50</u>	
4651.40	
697.71	
<u>3953.69</u> PLUG & FLOAT EQUIPMENT	

_____ @ _____	_____ @ _____	_____ @ _____	_____ @ _____	_____ @ _____
TOTAL _____				

SALES TAX (If Any) _____
TOTAL CHARGES 4000.00
DISCOUNT _____ IF PAID IN 30 DAYS