

**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**

# COPELAND

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

**Invoice**

## Acid & Cement

BURRTON, KS    GREAT BEND, KS  
 (620) 463-5161    (620) 793-3366  
 FAX (620) 463-2104    FAX (620) 793-3536

V48011

INVOICE NUMBER:  
**C46568-IN**

**BILL TO:**

JOHN JAY DARRAH, JR.  
 PO BOX 2786  
 WICHITA, KS 67202-2786

LEASE: **GAURT 1-22**

Gaunt

| DATE  | ORDER  | SALESMAN   | ORDER DATE | PURCHASE ORDER        | SPECIAL INSTRUCTIONS |                 |
|---|--------|--|------------|-----------------------|----------------------|-----------------|
| 11/30/2018  | C46568 |  | 11/23/2018 | GAURT 1-22            | NET 30               |                 |
| QUANTITY  | U/M    | ITEM NO./DESCRIPTION   |            | D/C                   | PRICE                | EXTENSION       |
| 5.00  | MI     | MILEAGE CEMENT PUMP TRUCK  |            | 15.00                 | 4.00                 | 17.00           |
| 1.00  | EA     | ROTARY PLUG CHARGE-PLUG JOB  |            | 15.00                 | 1,100.00             | 935.00          |
| 220.00  | SK     | 60/40 POZ MIX 2% GEL   |            | 15.00                 | 10.75                | 2,010.25        |
| 4.00  | SK     | 2% ADDITIONAL GEL  |            | 15.00                 | 22.00                | 74.80           |
| 224.00  | EA     | BULK CHARGE  |            | 15.00                 | 1.25                 | 238.00          |
| 1.00  | MI     | BULK TRUCK - TON MILES-MIN CHG   |            | 15.00                 | 150.00               | 127.50          |
| <p>BC</p> <p>82300/800<br/>Cement</p> <p>ck # 46677<br/>Pd 1/9/19</p> |        |  |            |                       |                      |                 |
| <b>REMIT TO:</b>  |        | <b>COP</b>   |            | Net Invoice:          |                      | 3,402.55        |
| P.O. BOX 438<br>HAYSVILLE, KS 67060                                   |        | FUEL SURCHARGE IS NOT TAXABLE AND IS ADDED TO<br>MILEAGE, PUMP AND OR DELIVERY CHARGES ONLY. |            | BATCO Sales Tax:      |                      | 255.19          |
| RECEIVED BY _____   |        | <b>NET 30 DAYS</b>   |            | <b>Invoice Total:</b> |                      | <b>3,657.74</b> |

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

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 Nº C 46568

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

DATE 11-23 20 18

IS AUTHORIZED BY: Darrah Oil Co. LLC  
(NAME OF CUSTOMER)  
 Address 125 N. MARKET SUITE 1425 City WICHITA State KS 67202-1720  
 To Treat Well baurt Well No. 1-22 Customer Order No. \_\_\_\_\_  
 As Follows: Lease \_\_\_\_\_  
 Sec. Twp. S22-T20S-R13W County Barton State KS  
 Range \_\_\_\_\_

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    | 5        | Mileage Pump Truck                           | 4 <sup>00</sup>  | 20 <sup>00</sup>         |
| 2    |          | Rotary Plug Charge - Plug Job                |                  | 1100 <sup>00</sup>       |
| 2    | 220      | Sacks 60/40 2% Gel                           | 10 <sup>75</sup> | 2365 <sup>00</sup>       |
| 2    | 4        | Additional Gel                               | 22 <sup>00</sup> | 88 <sup>00</sup>         |
| 2    | 224      | Bulk Charge                                  | 1 <sup>25</sup>  | 280 <sup>00</sup>        |
| 2    |          | Bulk Truck Miles $9.8567 \times 5 = 49.287M$ | M/A.             | 150 <sup>00</sup>        |
|      |          | Process License Fee on _____ Gallons         |                  |                          |
|      |          | <b>TOTAL BILLING</b>                         | <u>1590</u>      | <u>4003<sup>00</sup></u> |

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 Greg L. -600.45  
 Station 6B 3402.55  
 \_\_\_\_\_ Will Darrah  
 Well Owner, Operator or Agent

Remarks \_\_\_\_\_

**NET 30 DAYS**



