

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.

(Print Name) ☐ Employee of Operator 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.

Submitted Electronically

COPELAND**Acid & Cement**

BURRTON, KS ♦ GREAT BEND, KS
(620) 463-5181 (620) 793-3366
FAX (620) 463-2104 FAX (620) 793-3536

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

Invoice

Page: 1

INVOICE NUMBER:
C46570-IN

BILL TO:

CARMEN SCHMITT, INC.
PO BOX 47
GREAT BEND, KS 67530

LEASE: KROLL #1

DATE	ORDER	SALESMAN	ORDER DATE	PURCHASE ORDER	SPECIAL INSTRUCTIONS	
11/30/2018	C46570		01/12/8018	KROLL #1	NET 30	
QUANTITY	U/M	ITEM NO./DESCRIPTION		D/C	PRICE	EXTENSION
40.00	MI	MILEAGE CEMENT PUMP TRUCK		15.00	4.00	136.00
1.00	EA	PUMP CHARGE-ROTARY PLUG		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
394.24	MI	BULK TRUCK - TON MILES		15.00	1.10	368.61
<div>710/43 19394.0001 Well R12 Cement Plug</div>						
REMIT TO: P.O. BOX 438 HAYSVILLE, KS 67060		COP FUEL SURCHARGE IS NOT TAXABLE AND IS ADDED TO MILEAGE, PUMP AND OR DELIVERY CHARGES ONLY.		Net Invoice: HODCO Sales Tax: Invoice Total:		3,762.66 287.84 <u>4,050.50</u>
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 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 N° C 46570

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

DATE 11-28 20 18

IS AUTHORIZED BY:

Carmen Schmitt Inc
(NAME OF CUSTOMER)

Address _____ City _____ State _____

To Treat Well _____
As Follows: Lease Krell Well No. #1 Customer Order No. _____

Sec. Twp. _____
Range _____ County Hodgeman 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		Pump Charge - Rotary Plug		1100 ⁰⁰
2	220	Sacks 60/40 2% Gel	10 ⁷⁵	2365 ⁰⁰
2	4	Additional Gel	22 ⁰⁰	88 ⁰⁰
2	224	Bulk Charge	1 ²⁵	280 ⁰⁰
2		Bulk Truck Miles <u>9.856 Tx 40miles = 394.24 TM</u>	1 ¹⁰	433 ⁶⁶
		Process License Fee on _____ Gallons		
		TOTAL BILLING	15%	4426 ⁶⁶

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

Station

Greg C.

6B

Matt Suchy

Well Owner, Operator or Agent

Remarks

NET 30 DAYS

Date <u>11/28/2018</u> District <u>GB</u> F.O. No. <u>46570</u>				Type Treatment: Amt. _____ Type Fluid _____ Sand Size _____ Pounds of Sand _____			
Company <u>CARMEN SCHMITT INC.</u>				Bkdown _____ Bbl./Gal. _____			
Well Name & No. <u>KROLL #1</u>				_____ Bbl./Gal. _____			
Location _____ Field _____				_____ Bbl./Gal. _____			
County <u>HODGEMAN</u> State <u>KS</u>				Flush _____ Bbl./Gal. _____			
Casing: Size _____ Type & Wt. _____ Set at _____ ft.				Treated from _____ ft. to _____ ft. No. ft. <u>0</u>			
Formation: _____ Perf. _____ to _____				from _____ ft. to _____ ft. No. ft. <u>0</u>			
Formation: _____ Perf. _____ to _____				from _____ ft. to _____ ft. No. ft. <u>0</u>			
Formation: _____ Perf. _____ to _____				Actual Volume of Oil / Water to Load Hole: _____ Bbl./Gal.			
Liner: Size _____ Type & Wt. _____ Top at _____ ft. Bottom at _____ ft.				Pump Trucks. No. Used: Std. <u>365</u> Sp. _____ Twin _____			
Cemented: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Perforated from _____ ft. to _____ ft.				Auxiliary Equipment _____ <u>327</u>			
Tubing: Size & Wt. _____ Swung at _____ ft.				Personnel <u>GREG MIKE</u>			
Perforated from _____ ft. to _____ ft.				Auxiliary Tools _____			
Open Hole Size _____ T.O. _____ ft. P.B. to _____ ft.				Plugging or Sealing Materials: Type _____ Gals. _____ lb.			

Company Representative MATT SUCHY Treater GREG CURTIS

[illegible]