

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

Acid & Cement

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

Invoice

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

INVOICE NUMBER:
C47395B-IN

BILL TO:
HESS OIL CO
PO BOX 1009
MCPHERSON, KS 67460

LEASE: DAVID KOEHN #1

| DATE | ORDER | SALESMAN | ORDER DATE | PURCHASE ORDER | SPECIAL INSTRUCTIONS | |
|---------------------------------------------------------|-------|----------------------------------------------------------------------------------------------------------------|------------|------------------------------------------------------------------------------------|----------------------|-----------|
| 04/30/2019 | 47395 | | 04/26/2019 | DAVID KOEHN #1 | NET 30 | |
| QUANTITY | U/M | ITEM NO./DESCRIPTION | | D/C | PRICE | EXTENSION |
| 1.00 | EA | CEMENT PUMP CHARGE | | 0.00 | 650.00 | 650.00 |
| 225.00 | SK | 60/40 POZ MIX 2% GEL | | 0.00 | 11.47 | 2,580.75 |
| 35.00 | MI | MILEAGE CEMENT PUMP TRUCK | | 0.00 | 4.00 | 140.00 |
| 225.00 | EA | BULK CHARGE | | 0.00 | 1.25 | 281.25 |
| 346.50 | MI | BULK TRUCK - TON MILES | | 0.00 | 1.10 | 381.15 |
| REMIT TO: P.O. BOX 438 HAYSVILLE, KS 67060 | | COB FUEL SURCHARGE IS NOT TAXABLE AND IS ADDED TO MILEAGE, PUMP AND OR DELIVERY CHARGES ONLY. | | Net Invoice: 4,033.15 MCPCO Sales Tax: 322.65 Invoice Total: 4,355.80 | | |
| 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.

Invoice sent out 5-1-19

JANTZ LUMBER DO IT CENTER
 200 W. EUCLID
 MCPHERSON, KS 67460
 PHONE: (620) 241-4044

PAGE NO 1

BRYAN HESS
~~1529 Heritage Place~~
 Do Box 1009
 McPherson
 (620) 241-7177 KS 67460

CUST # 775
 TERMS: 10th of month

David Koehn

INV # 235962
 DATE : 4/24/19
 CLERK: DSB
 TERM # 551

TIME : 1:40

 * INVOICE *

| QUANTITY | UM | ITEM | DESCRIPTION | SUG. PRICE | PRICE/PER | EXTENSION |
|---------------------------------|----|------|--------------------------------------------|------------|-----------|------------------------------------------------|
| 4.0 | BG | PC | PORTLAND CEMENT 94# BAG TYPE 1 STANDARD | | 13.99 /BG | 55.96 |
| | | | <i>\$18285</i> <i>5/3/19</i> | | | <i>61.00</i> <i>+ 15.25</i> <i>76.25</i> |
| ** AMOUNT CHARGED TO ACCOUNT ** | | | | 61.00 | | |
| | | | TAXABLE | | | 55.96 |
| | | | NON-TAXABLE | | | 0.00 |
| | | | SUB-TOTAL | | | 55.96 |
| | | | TAX AMOUNT | | | 5.04 |
| | | | TOTAL INVOICE | | | 61.00 |

[Handwritten Signature]
 Received By _____

**JANTZ LUMBER DO IT CENTER
200 W. EUCLID**

**MCPHERSON, KS 67460
PHONE: (620) 241-4044**

BRYAN HESS
~~1529 Heritage Place~~
~~PO Box 1009~~
MCPHERSON KS 67460
(620) 241-7177

CUST # 775
TERMS: 10th of month


INV # 235996
DATE : 4/25/19
CLERK: DSB
TERM # 551

David Koehn

TIME : 8:36

* INVOICE *

| QUANTITY | UM | ITEM | DESCRIPTION | SUG. PRICE | PRICE/PER | EXTENSION |
|---------------------------------|----|------|--------------------------------------------|------------|---------------|-----------|
| 1.0 | BG | PC | PORTLAND CEMENT 94# BAG TYPE 1 STANDARD | | 13.99 / BG | 13.99C |
| ** AMOUNT CHARGED TO ACCOUNT ** | | | | | | |
| | | | | 15.25 | TAXABLE | 13.99 |
| | | | | | NON-TAXABLE | 0.00 |
| | | | | | SUB-TOTAL | 13.99 |
| | | | | | TAX AMOUNT | 1.26 |
| | | | | | TOTAL INVOICE | 15.25 |

X 
Received By