KOLAR Document ID: 1462182

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 #:				API No.	15			
Name:				Spot Description:				
Address 1:				Sec Twp S. R East Wes				
Address 2:				Feet from North / South Line of Section				
City: State: Zip: +				Feet from East / West Line of Section				
Contact Person:				Footage	s Calculated from Neares	st Outside Section Corner:		
Phone: ()					NE NW	SE SW		
Type of Well: (Check one)		OG D&A Cathodi SWD Permit #:		County: Well #: Well #:				
ENHR Permit #:	Gas Sto	rage Permit #:						
Is ACO-1 filed? Yes	No If not, is well	log attached? Yes		The plugging proposal was approved on: (Date)				
Producing Formation(s): List A	ll (If needed attach another	sheet)				(KCC District Agent's Name)		
Depth to	Top: Botto	m: T.D		Plugging	a Commenced:			
Depth to	Top: Botto	m: T.D		00 0				
Depth to	Top: Botto	m: T.D	'	. ragging	g completed.			
Show depth and thickness of a	all water, oil and gas forma	ations.						
Oil, Gas or Water	Records		Casing Re	asing Record (Surface, Conductor & Production)				
Formation	Content	Casing	Size		Setting Depth	Pulled Out		
Describe in detail the manner cement or other plugs were us		_				Is used in introducing it into the hole. If		
Plugging Contractor License #:			Name:	ne:				
Address 1:			Address 2:	:				
City:			;	State:		Zip:+		
Phone: ()								
Name of Party Responsible fo	r Plugging Fees:							
State of	County, _			, ss.				
	<i>3</i> , –			_	implayed of Onerster -	Operator on obeyed decertibed		
	(Print Name)			E	imployee 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.

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

Invoice

Page: 1

Acid & Cement

♦ GREAT BEND, KS (620) 793-3366 FAX (620) 793-3536

INVOICE NUMBER: C47395B-IN

BILL TO:

BURRTON, KS

(620) 463-5161

FAX (620) 463-2104

HESS OIL CO PO BOX 1009 MCPHERSON, KS 67460 **LEASE: DAVID KOEHN #1**

DATE	ORDER	CALEGMAN	ODDED DATE			T	
04/30/2019	47395	SALESMAN	TOTAL TOTAL			SPECIAL INSTRUCTIONS	
			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	sĸ	60/40 POZ MIX 2	% GEL		0.00	11.47	2,580.75
35.00	МІ	MILEAGE CEME	NT PUMP TRUCK		0.00	4.00	140.00
225.00	EA	BULK CHARGE			0.00	1.25	281.25
346.50	MI	BULK TRUCK - T	BULK TRUCK - TON MILES			1.10	381.15
REMIT TO:			COR				
P.O. BOX 43 HAYSVILLE			COB			Net Invoice:	4,033.15
INTOVILLE	, NO 0/000	FUEL SURCHARGE IS NOT TAXABLE AND IS ADDED TO MILEAGE, PUMP AND OR DELIVERY CHARGES ONLY.		MCPC	O Sales Tax: Invoice Total:	4,355.80	
RECEIVED BY		N	ET 30 DAYS		invoice lota		

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



FIELD ORDER Nº C

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

			_	DATE		20_1=1	
SAUTHORIZ	ED BY:	Hose Oil	(NAME OF CUSTOMER)			11 TW	
ddress			Gity		State		
To Treat Well As Follows: Lease		Well No	er Order No				
Sec. Twp. Range			County MS PILL				
it to be held lia plied, and no re palment is paya ir invoicing dep The undersig	ible for any dai epresentations able. There will partment in acc ned represents	consideration hereof it is agreed that Co mage that may accrue in connection wit have been relied on, as to what may be to be no discount allowed subsequent to ordance with latest published price sch himself to be duly authorized to sign the	h said service or treatment, e the results or effect of the s such date. 6% Interest will b edules.	Copeland Acid Service I servicing or treating said e charged after 60 days.	has made no repre well. The conside	esentation, express eration of said serv	
FORE WORK	ST BE SIGNED S COMMENCED) Well Owner	or Operator	Ву	Agent		
CODE	QUANTITY		DESCRIPTION		UNIT	AMOUNT	
	V	Pure A. C.				(50°	
	2250	Mary And Az	ナルタン			9580	
	3600	2 Nue ou -		4 7 15.14		190	
	. Du sata		von distan	Andrews in the			
	9254	Bulk Charge				(2)	
	34 (6	Bulk Truck Miles V 🔫 👵					
*基于1855		Process License Fee of	1	TOTAL SECTION			
0. At 1. S	1 19 To 100			TOTAL BILLING		and the state of	

JANTZ LUMBER DO IT CENTER 200 W. EUCLID

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

BRYAN HESS 1523 Heritage Place De Boy 1009 McPherson KS 6 (620) 241-7177 KS 67460

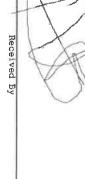
CUST # 775
TERMS: 10th of month

David Koenn

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

TIME : 1:40 ******* ************

		QUANTITY UM 4.0 BG PC
		MELI
** AMOUNT CHARGED TO ACCOUNT **	#18285	PORTLAND CEMENT 94# BAG TYPE 1 STANDARD
61.00		SUG.PRICE
TAXABLE NON-TAXABLE SUB-TOTAL TAX AMOUNT TOTAL INVOICE		PRICE/PER
55.96 0.00 55.96 5.04 61.00	16.75 51.92 61.00	EXTENSION 55.96C



PAGE NO

J----1

| | |

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

BRYAN HESS 1523 Heritage F D by 1007 McPherson (620) 241-7177 KS 67460

CUANTITY

BG PC

ITEM

DESCRIPTION
PORTLAND CEMENT 34 BAG
TYPE 1 STANDARD

SUG. PRICE

PRICE/PER 13.99 /BG

EXTENSION 13.99C

CUST # 775
TERMS: 10th of month

Uduid Koem

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

TIME : 8:36 *********

* INVOICE * ********

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Secret ved By		
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) (

TAXABLE NON-TAXABLE SUB-TOTAL TAX AMOUNT

13.99 0.00 13.99 15.25

TOTAL INVOICE