KOLAR Document ID: 1476950

**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 #:			APIN	No. 15				
Name:				Spot Description:				
Address 1:				Sec				
				Feet fron				
City:	State	:		Feet fron				
Contact Person:			Foota	ages Calculated from Nea	rest Outside Section Corner:			
Phone: ( )				NE NW	SE SW			
Water Supply Well	Other:	ell OG D&A Ca SWD Permit #: as Storage Permit #: is well log attached? Yes	Lease Date	e Name:	Well #: (Date)			
Producing Formation(s):	List All (If needed attach a	another sheet)	by:		(KCC <b>District</b> Agent's Name)			
De	epth to Top:	Bottom: T.D	Plugo	ring Commenced:				
De	epth to Top:	Bottom: T.D	"	, ,				
De	epth to Top:	Bottom:T.D		,g • •p. • . • . • . • . • . • . • .				
	ss of all water, oil and gas	s formations.						
	Water Records			g Record (Surface, Conductor & Production)				
Formation	Content	Casing	Size	Setting Depth	Pulled Out			
		plugged, indicating where the			nods used in introducing it into the hole. If			
Plugging Contractor Lice	ense #:		Name:					
Address 1:			Address 2:					
City:			State	:				
Name of Party Responsi	ible for Plugging Fees:							
State of	Co	unty,	, SS.					
				Employee of Operator of	or Operator on above-described well,			
	(Print Na			=mpio, so oi operator o	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.



HELD ORDER

N° C

60027

BOX 438 - HAYSVILLE, KANSAS 67060

		510-524-1225	DATE	16-Oct 20 19
IS AUTHORIZED BY:	VESS OIL	(NAME OF CUSTOMER) City	State	
TO TREAT WELL AS FOLLOWS Lease	EVELYN SCHLEGEL	Well No.	1 Customer Order No.	
Sec. Twp.		County NESS	State	KS
be held liable for any demage that r	may accrue in connection with said service or treatr	to service or treat at owners risk, the hereinbefore men ment. Copeland Acid Service has made no representati	on, expressed or	THE WELL

CONDITIONS. As a part of the consideration hereof it is agreed that Copeland Acid 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 not representation, expressed or implied, and no representations have been reside on, as to what may be the results or effect of the servicing or treating axid well. The consideration of said service or resistant 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

	COMPARENCED	Well Owner or Operator		ent
CODE	QUANTITY	DESCRIPTION	COST	AMOUNT
20.0002	30	Mileage P.T.	\$4.00	\$120.00
20.0003	1	Pump Charge Plug	\$650.00	\$650.00
20.1002	160	60/40 Poz 2% Gel	\$11.25	\$1,800.00
20.1004	3	Add. Gel after 2% Per Sack	\$22.00	\$66.00
20.1005	12	Gel on side per sack	\$22.00	\$264.00
			A 18 15	
20.0011	175	Bulk Charge	\$1.25	\$218.7
20.0012	231	Bulk Truck Miles	\$1.10	\$254.1
		Process License Fee on Gallons		
		TOTAL BILL	ING	\$3,372.8

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. 93035,57

Coperand Representative	GREG C.	
Station GB		HUNTER H.
		Well Owner, Operator or Agent
Remarks		



## TREATMENT REPORT

Acid Stage No.

Date 10/1	6/2019 D	etalos GR	50.00	60027	The state of the s	Amt.		Sand Size	Pour	ids of Sand
Date 10/16/2019 District GB F.O. No. 60027  Company VESS OIL				Bkdown	Bbl./Gal.	-			-	
	No. EVELYN	SCHLEGEL			-	Bbl./Gal.	-			10 04
Location			Field			Bbl./Gal.				3 6 6
County NE	ESS		State KS		Flush	Bbl./Gal.		-	17.25	1215
						ft. to			1919	10000
Casing: S	tze 5 1/2	Type & Wt.		Set at	ft. from	ft. to			_	0
Formation:			Perf.		from	ft. to		ft.	No. ft.	0
Formation:			Perf.	to	Actual Volume of Oil		_		100.10	
Formation:			Perf.			, water to cook hove.	_			Bbl./Gai.
Liner: Size	Type &			Bottom at	ft. Pump Trucks. No	Used: Std. 320	Sn		Twin	
			from		ft. Auxiliary Equipment			360-308T		210
			Swung at		ft. Personnel GREG CI				1	
	Perforated fr	'om	ft. to		ft. Auxiliary Tools				K- 1	
	A A A A A A A A A A A A A A A A A A A				Plugging or Sealing M	faterials: Type			100	OTTOPIC ST
Open Hole Si	ize	1.0.	ft. P	.B. to	ft.		7 2	Gal	£.	lb.
				.1						14
TIME	presentative	SURES	HUNTER	K.H.	Treater		GRI	EG C.		
a.m./p.m.	Tubing	Casing	Total Fluid Pumped			REMARKS				
9:00				ON LOCATION	V				-	2 37
									-	
IIII				BRIDGE PLUG	SET @ 4280'				100	1000
0.000									<del></del>	-
DIE S			1.	PUMP 12 GEL	& 50 SKS 60/40	0.4% GEL @ 16	510'		1	- 10
						0 470 OEE @ 10	710		41.71	Technical I
			1	PUMP 50 SKS	@ 940'					1000
183					6 3 10				-	COLUMN Y
157.7	10			PUMP 50 SKS	@ 450'					
BRLE	7.1.57			TOWN SO DIED	E 430			-		1111
0				CIRCUILATE CI	EMENT FROM 4	O' TO SUBEAC	E TOOK	10 CKC		15
			_	CINCODATE C	EINERT TROIT	O TO SONTAC	L. TOOK	10 3K3.		
				HOLE STAYED	FIIII		_	-		2 4/4
(E.S): (*)				TOLE STATE	1000.			_		-
2:00				JOB COMPLE	TE					عليك
				JOB CONTELE	16					-
III Da		<del>                                     </del>	+	THANK YOU!	11		_			
20			1	TIME TOO!	6.6					777
		-	+							
		<del>                                     </del>	+	-						-
18.75		-					_		-	1310
		-	-						1,10:	444
1130			+							
BR .			1	L						