KOLAR Document ID: 1476973

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 #:			I APING	o 15 -	
				escription:	
Address 1:				•	wp S. R East West
Address 2:				Feet from	
City:	State:			Feet from	East / West Line of Section
Contact Person:				es Calculated from Neare	est Outside Section Corner:
Phone: ()				NE NW	SE SW
Type of Well: (Check one) Use Water Supply Well Supply	Other: Gas S No If not, is w	storage Permit #:	Lease Date W The plu	Name:	well #: (Date) (KCC District Agent's Name)
Depth to	o Top: Bot	tom: T.D			
Depth to	o Top: Bot	tom:T.D		ig Completed.	
Show depth and thickness of	all water, oil and gas for	mations.			
Oil, Gas or Wate			<u> </u>	Surface, Conductor & Produ	,
Formation	Content	Casing	Size	Setting Depth	Pulled Out
		ged, indicating where the mu of same depth placed from (bo	•		ds used in introducing it into the hole. If
Plugging Contractor License	# :		_ Name:		
Address 1:			_ Address 2:		
City:			State: _		Zip:++
Phone: ()					
Name of Party Responsible for	or 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.



FIELU ORDER

Nº C

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

DATE 11-Oct 20 19 IS AUTHORIZED BY: Vess Oil (NAME OF CUSTOMER) City _ Address TO TREAT WELL Well No. B-7 Customer Order No. AS FOLLOWS Lease Heinz Sec. Twp. State KS County Barton Range

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 itable for any damage that may accrue in connection with seld 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 freeting 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 involving 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		ent
CODE	QUANTITY	DESCRIPTION	COST	AMOUNT
20.0001	15	Mileage P.U.	\$2.00	\$30.0
20.0002	15	Mileage P.T.	\$4.00	\$60.0
20.0003	1	Pump Charge Plug	\$650.00	\$650.0
20.1002	230	60/40 Poz 2% Gel	\$11.25	\$2,587.5
20.1004	5	Add. Gel after 2% Per Sack	\$22.00	\$110.0
20.1005	13	Gel on side per sack	\$22.00	\$286.0
20.1017	200	Hulls per lb.	\$0.40	\$80.00
			-	
20.0011	248	Bulk Charge	\$1.25	\$310.00
20.0012	165.3	Bulk Truck Miles	\$1.10	\$181.8
		Process License Fee on Gallons		
		TOTAL BILLII	NG	\$4,295.33

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	Nathan W.

Station GB Hunter H.

Well Owner, Operator or Agent

Remarks

NET 30 DAYS



TREATMENT REPORT

Acid Stage No.

				Type Treatment:	Amt_	Type Fluid	Sand Site	Founds of Sand
ate 10/11/201	9 District GB	F.O. 1	No. 500042	Bkdown	8bl./Gal			
ompany Vess Oil								
/ell Name & No. He	inz B7							
ocation		Field						
ounty Barton		State KS		Flush				
1				Treated from	ft.			t. 0
asing. Size	5.5" Type & W	Vt.		ft. from	ft.	to	ft. No. f	t. 0
ormation:		Perf.	to	from	n.	to	ft. No. f	t0
ormation:	1	Perf.	to	Actual Volume of C	Ni / Water to Load Hole			Bbl./Gal.
ormation:	Territoria de la constanta de	Perf.	to	A STATE OF				
		Top at ft.			No. Used: Std. 3	65 Sp	Twi	3.
Cemented	Yes Perforate	d from	ft. to				367	The City
		Swung at			n-Greg-Clarence			
Perfor	ated from	ft. to		ft. Auxiliary Tools				15
				Plugging or Sealing	Materials Type			
Dpen Hole Size	T,D,	ft, P	.8. to	n			Gals	lb.
Company Representa	tive	Hunter	Н.	Treater		Nath	an W.	
TIME	PRESSURES	Total Fluid Pumped						
.m./p.m. Tubin		Total Full Fulliped			REMARK	5	Acres de la constitución de la c	
:30 2"	5.5"		On Location					
86			Mix 13sks of	Gel and 60sks	60/40poz 4%	gel with 10	00# Hulls at 3	3000'
40								
			Mix 70sks w	ith 100# Hulls a	t 1400'			
(F)								
			Mix 100sks	at 700' No circu	lation.			
			Shut down.					
BIC I								7
(RIX								
			Thank You!					
		-	THURK TOU.					
(i)		+	Nathan W.					
12			radition vv.				*	
	_	+						
			-					
		+						
	-	-	-					
Git.								
Enl								



ORDER

N° C

50043

BOX 438 - HAYSVILLE, KANSAS 67060

	310-324-1223	DATE 14-Oct 20 19
IS AUTHORIZED BY: Vess Oil	(NAME OF COSTOMER)	
Address	City	State
TO TREAT WELL AS FOLLOWS Lease Heinz	Well No. <u>B-7</u>	Customer Order No.
Sec. Twp. Range	County Barton	State KS

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 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 payabile. 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 invoking 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

Remarks

BEFORE WORK IS COMMENCED

		Well Owner or Operator	Agent			
CODE	QUANTITY	DESCRIPTION	COST	AMOUNT		
20.0001	15	Mileage P.U.	\$2.00	\$30.0		
20.0002	15	Mileage P.T.	\$4.00	\$60.0		
20.0003	1	Pump Charge Plug	\$650.00	\$650.0		
20.1002	310	60/40 Poz 2% Gel	\$11.25	\$3,487.5		
20.1004	6	Add. Gel after 2% Per Sack	\$22.00	\$132.0		
20.1017	150	Hulls per lb.	\$0.40	\$60.0		
176				FET		
- 27		#1998 APP				
			69.			
			24			
20.0011	316	Bulk Charge	\$1.25	\$395.0		
20.0012	209.1	Bulk Truck Miles	\$1.10	\$230.0		
		Process License Fee on Gallons				
		TOTAL BILLIN	1G	\$5,044.5		

	Process License Fee on	Gallons	
		TOTAL BILLING	\$5,044.51
manner under the direction Copeland Representative	erial has been accepted and used; that the supervision and control of the owner,op Nathan W.	e above service was performed in a good erator or his agent, whose signature app	od and workmanlike pears below. £4540. Ok
Station GB		Hunter H.	
		Well Owner Operation	or Anna

NET 30 DAYS



TREATMENT REPORT

					1						
Date :	10/14/2019	District GB	F.G.	No. 50042	Type Treatment:	Amt.	'Fysoir I	Flore	Send Stee	Pai	ands of Sand
Cempan	y Vess Oil		P.O.	No. 30043	Bkdown	Bbi /Gai					A TO TO SAIN
Well Nan	ne & No. Heinz	6-7		-	-	Bbl /Gal					
Location			Field		-	Bbl./Gal.					7 3 1
County	Barton		State KS			Bbl./Gal.					
			State N3		Flush	Bbi_/Gal.					
Casing:	Size 5.5	Toma P 14th			Treated from		ft. to		ft.	No. ft.	0
Formation	n:	Type or wi		Set atft	from				ft.	No. ft.	
			Perf.		frem		ft. te		ft.	No. ft	0
Formation			Perf.	to	Actual Volume of Oil / V	Vater to Load Ho	de:			100.14	_
Formation			Perf.	to			-				Bbi./Gat.
Liner: S	Type	& Wt.	Top at ft.	Bottom at 4s	Pump Trucks. No. U	VAN: TAI	200				
	Cemented: Yes	▼ Perforated	from		Auxiliary Equipment	310	365	Sp		Iwin	
Tubing:	SHE & WL	- 2	Swung at		Personnel Nathan-G	reg-Clarenco	-		0.6		(1) [5]
	Perforated	from	ft. to		. Auxiliary Tools	-B contince					
				70.7	-		-		-		
Open Holi	e Size	1.6.	fi. P	B to fi	Plugging or Sealing Mate	erials: Type	_				1
1911									Gais		lb.
Company	Representative		Hunter	63							
TIME	_	SSURES	Tionte	7).	Treater			Natha	n.W.		
a.m./p.m.		Casing	Total Fluid Pumped	100		REMAR	W.C				
9:15	2"	5.5"	-			HEINIAN	K.3				
2/10	-	3.3		On Location.	1250						To the
	-	-				41					
1971		-		Mix 100sks 60/4	40poz 4%gel wi	th 150# H	lulls at	1600	1		W. F
				- I - I		11 1 30	200		-		
				T. A		117 70					
				Mix 200sks at 8	00' Circulated	117 76					
				T. A	00' Circulated	117 76					
				Mix 200sks at 8	00' Circulated	117 76					
				Mix 200sks at 8 Top off with 10s	00' Circulated	117 76			it s		
				Mix 200sks at 8	00' Circulated	117 76					
				Mix 200sks at 8 Top off with 10s Thank You!	00' Circulated	117 76					
				Mix 200sks at 8 Top off with 10s	00' Circulated	117 76					
				Mix 200sks at 8 Top off with 10s Thank You!	00' Circulated	117 76					
				Mix 200sks at 8 Top off with 10s Thank You!	00' Circulated	117 76					
			A	Mix 200sks at 8 Top off with 10s Thank You!	00' Circulated	117 76					
				Mix 200sks at 8 Top off with 10s Thank You!	00' Circulated	117 76					
				Mix 200sks at 8 Top off with 10s Thank You!	00' Circulated	117 76					
				Mix 200sks at 8 Top off with 10s Thank You!	00' Circulated	117 70					
				Mix 200sks at 8 Top off with 10s Thank You!	00' Circulated	117 70					
				Mix 200sks at 8 Top off with 10s Thank You!	00' Circulated	117 70					
				Mix 200sks at 8 Top off with 10s Thank You!	00' Circulated	117 70					
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