

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

GLOBAL OIL FIELD SERVICES, LLC

24 S. Lincoln
 RUSSELL, KS 67665

Invoice

| Date | Invoice # |
|------------|-----------|
| 10/16/2019 | 13839 |

| |
|--|
| Bill To |
| BACH OIL PO BOX 723 ALMA, NE 68920 |

| P.O. No. | Terms | Project |
|-----------|----------------|---------|
| BEACKER#1 | Due on receipt | |

| Quantity | Description | Rate | Amount |
|----------|--|--------|----------|
| 280 | 60/40 POZMIX CEMENT | 13.75 | 3,850.00 |
| 11 | BENTONITE GEL | 30.00 | 330.00 |
| 1 | COTTON SEED HULLS | 31.50 | 31.50 |
| 292 | HANDLING | 1.90 | 554.80 |
| | BULK MILEAGE | 300.00 | 300.00 |
| 1 | TRI-PLEX PUMP CHARGE FOR PLUG | 425.00 | 425.00 |
| 10 | HEAVY EQUIPMENT. ONE WAY | 6.50 | 65.00 |
| 10 | LMV- ONE WAY | 2.75 | 27.50 |
| | 15% DISCOUNT IF PAID WITHIN 15 DAYS OF INVOICE | | |
| | PHILLIPS CO SALES TAX | 7.00% | 0.00 |

Thank you for your business.

Total \$5,583.80

| Phone # | Fax # |
|--------------|--------------|
| 785-445-3525 | 785-445-3526 |

GLOBAL OIL FIELD SERVICES, LLC

18837

REMIT TO 24 S. Lincoln
Russell, KS 67665

SERVICE POINT: Russell 113

| | | | | | | | |
|--|------------------|---|-------|------------|------------------------|-----------------|------------|
| DATE <u>10/28/19</u> | SEC. | TWP. | RANGE | CALLED OUT | ON LOCATION | JOB START | JOB FINISH |
| LEASE <u>Bocker</u> | WELL #. <u>1</u> | LOCATION <u>in 2nd section 14th & 15th Merits</u> | | | COUNTY <u>Cherokee</u> | STATE <u>KS</u> | |
| <input checked="" type="radio"/> OLD <input type="radio"/> OR NEW (CIRCLE ONE) | | | | | | | |

CONTRACTOR _____
 TYPE OF JOB old hole plug
 HOLE SIZE _____ T.D. _____
 CASING SIZE 9 5/8 DEPTH _____
 TUBING SIZE _____ DEPTH _____
 DRILL PIPE _____ DEPTH _____
 TOOL _____ DEPTH _____
 PRES. MAX. _____ MINIMUM _____
 MEAS. LINE _____ SHOE JOINT _____
 CEMENT LEFT IN CSG. _____
 PERFS _____
 DISPLACEMENT _____

OWNER Bocker Oil
 CEMENT AMOUNT ORDERED 320 sacks 60 lb 9264
1600 mls

EQUIPMENT
 PUMP TRUCK CEMENTER Cody
 # 109 HELPER Tom
 BULK TRUCK
 # 473 DRIVER Jack
 BULK TRUCK
 # _____ DRIVER _____

COMMON _____ @ _____
 POZMIX _____ @ _____
 GEL _____ @ _____
 CHLORIDE _____ @ _____
 ASC _____ @ _____
 _____ @ _____
 _____ @ _____
 _____ @ _____
 _____ @ _____
 _____ @ _____
 _____ @ _____
 HANDLING _____ @ _____
 MILEAGE _____ @ _____
 TOTAL _____

REMARKS:
plug 1260 mls 320 sacks 60 lb 9264 1600 mls

CHARGE TO: Bocker Oil
 STREET _____
 CITY _____ STATE _____ ZIP _____

SERVICE
 DEPTH OF JOB _____
 PUMP TRUCK CHARGE _____
 EXTRA FOOTAGE _____ @ _____
 MILEAGE _____ @ _____
 MANIFOLD _____ @ _____
 _____ @ _____
 TOTAL _____

Global Oil Field Services, LLC
 You are hereby requested to rent cementing equipment and furnish cementer and helper(s) to assist owner or contractor to do work as is listed. The above work was done to satisfaction and supervision of owner agent or contractor. I have read and understand the "GENERAL TERMS AND CONDITIONS" listed on the reverse side.

PLUG & FLOAT EQUIPMENT
 _____ @ _____
 _____ @ _____
 _____ @ _____
 _____ @ _____
 _____ @ _____
 TOTAL _____

PRINTED NAME _____
 SIGNATURE Jack Edwards

SALES TAX (If Any) _____
 TOTAL CHARGES _____
 DISCOUNT _____ IF PAID IN 30 DAYS