

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

General Terms and Conditions

(1) All accounts are to be paid within the terms fixed by Excel Wireline invoices and should these terms not be observed, interest at the rate of 1.5% per month will be charged from the date of such invoice. Interest, Attorney, Court, Filing and other fees will be added to accounts turned over to collections.

(2) Because of the uncertain conditions existing in a well which are beyond the control of Excel Wireline, it is understood by the customer that Excel Wireline cannot guarantee the results of their services and will not be held responsible for personal or property damage in the performance of their services.

(3) Should any of Excel Wireline instruments be lost or damaged in the performance of the operations requested, the customer agrees to make every reasonable effort to recover same, and to reimburse Excel Wireline for the value of the items which cannot be recovered or for the cost of repairing damage to items recovered.

(4) It is further understood and agreed that all depth measurements shall be supervised by the customer or its employees, and customer hereby certifies that the zones, as shot, were approved.

(5) The customer certifies that it has the full right and authority to order such work on such well, and that the well in which the work to be done by Excel Wireline is in proper and suitable condition for the performance of said work.

(6) No employee is authorized to alter the terms or conditions of this agreement.

NET TOTAL	\$ 2203.75
TAX	147.75
SUBTOTAL	2050.00
DISCOUNT	- 700.00
SUBTOTAL	1350.00

Received the above service according to the terms and conditions specified below, which we have read and to which we hereby agree.

Customer: *Fix for Air*

Product Code	Description	Qty	Unit Price	From	To	\$ Amount
	Service Charge					950.00
	setting charge	1	800 (min)	0	3570	800.00
	GIBP 4.5"					1000.00

Company	Coats Energy, Inc.	
Billing Address	PO Box 744 Wichita, KS	
Lease & Well #	Clark #1	
County	State	Casing Size
Barber	Kansas	4.5"
Fluid Level (surface)	Reading from	Customer T.D.
		Excel Wireline T.D.
Operator	Operator	Unit#
S. Schmidt	M. Lopez	10

457 Yucca Lane • Pratt, Kansas 67124 • 620-388-5676 Date 3-11-2020

Service Order No. 2980



COPELAND

Acid & Cement

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

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

BILL TO:
 COATS ENERGY, INC
 P O BOX 744
 WICHITA, KS 67201

LEASE: CLARK #1

INVOICE NUMBER: C47535-IN

Invoice

DATE	ORDER	SALESMAN	ORDER DATE	PURCHASE ORDER	SPECIAL INSTRUCTIONS
03/20/2020	47535		03/12/2020	CLARK #1	NET 30
QUANTITY	U/M	ITEM NO./DESCRIPTION			

1.00	EA	PUMP CHARGE FOR PLUG	0.00	650.00	650.00
10.00	SK	2% ADDITIONAL GEL	0.00	22.00	220.00
120.00	SK	60/40 POZ MIX 4% GEL	0.00	11.47	1,376.40
110.00	MI	MILEAGE CEMENT PUMP TRUCK	0.00	4.00	440.00
120.00	EA	BULK CHARGE	0.00	1.25	150.00
580.80	MI	BULK TRUCK - TON MILES	0.00	1.10	638.88

REMIT TO:
 P.O. BOX 438
 HAYSVILLE, KS 67060

NET 30 DAYS
 FUEL SURCHARGE IS NOT TAXABLE AND IS ADDED TO MILEAGE, PUMP AND OR DELIVERY CHARGES ONLY.

COB
 BABCO Sales Tax:
 Net Invoice:

3,475.28
 260.65
3,735.93

There will be a charge of 1.5% "per month" (18% annual rate) on all accounts over 30 days past due.
 Copeland Acid & Cement is a subsidiary of Gressel Oil Field Service
 Gressel Oil Field Service reserves a security interest in the goods sold until the same are paid for in full and reserve all the rights of a secured party under the Uniform Commercial Code.

TREATMENT REPORT

Acid Stage No. **01**

Date: **3-12-20** District: **Smoky** Well Name & No.: **Clark #1**
 Location: **Boban** State: **Ky**
 Casing: Size: **H2** Type & Wt. _____ ft.
 Formation: _____ ft.
 Formation: _____ ft.
 Formation: _____ ft.
 Liner: Size: _____ Type & Wt. _____ Top at _____ ft. Bottom at _____ ft.
 Cemented: Yes/No, Perforated from _____ ft. to _____ ft.
 Tubing: Size & Wt. _____ Swung at _____ ft. to _____ ft.
 Perforated from _____ ft. to _____ ft.
 Plugging or Sealing Materials: Type: **105 lb/gal 120 gr/sds 100 lb/gal 120 gr/sds**
 Auxiliary Tools: _____ ft.
 Pump Trucks: No. Used: **383** Bid: **382** Twin _____
 Auxiliary Equipment: _____
 Packert: _____ Set at _____ ft.
 Actual Volume of Oil/Water to Load Hole: _____ Bbl./Gal.
 Treated from _____ ft. to _____ ft.
 Push _____ Bbl./Gal.
 Bkdwn _____ Bbl./Gal.
 Type Treatment: Amt. _____ Type Fluid _____ Sand Size _____ Pounds of Sand _____

Company Representative: _____
 Treater: **W. M. [Signature]**

TIME	PRESSURES	Tubing	Casing	Total Fluid Pumped	REMARKS
10:15					On location 35H R. [unclear] 1/2" gal
1:00					14 Bbl. Breaker give o. Surface.
					35 Bbl. 10 sacks of 3/4" am street mix. 50 sacks 60-40-42 ft.
					47 Bbl. 50 sacks ply am during of down hole.
					55 Wash up 120 lb/gal 120 gr/sds + fill o. of excess of way.
					0 Fall 1/2" up to 300.
					0 Start mixing down hole 50 sacks 60-40-42 ft.
					12 Bbl. For wash up of down hole.
					16 Bbl. 4 Bbl. flush 1st fill out.
					Full on. out Run 100000 feet in.
					Mix up 100 sacks & weight cement to surface.
					4 Bbl. Wash up back up left locater.