KOLAR Document ID: 1511586

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 API No. | 15 - | | | | | |
|--|-------------------------------|--|--|--|--|--|--|
| Name: | | Spot Description: | | | | | |
| Address 1: | ' | SecTwp S. REastWes Feet from North / South Line of Section Feet from East / West Line of Section | | | | | |
| Address 2: | | | | | | | |
| City: | + | | | | | | |
| Contact Person: | Footage | s Calculated from Nea | rest Outside Section Corner: | | | | |
| Phone: () | | □ NE □ NW | SE SW | | | | |
| Type of Well: (Check one) Oil Well Gas Well OG D&A Water Supply Well Other: SWD Permit #: ENHR Permit #: Gas Storage Permit #: s ACO-1 filed? Yes No If not, is well log attached? Yeroducing Formation(s): List All (If needed attach another sheet) Depth to Top: Bottom: T.D. | Lease N Date We The plug by: | County: Lease Name: Well #: Date Well Completed: (Date) by: (KCC District Agent's Name) | | | | | |
| Depth to Top: Bottom: T.D. | | Plugging Commenced: Plugging Completed: | | | | | |
| Depth to Top: Bottom:T.D. | | g Completed | | | | | |
| | | | | | | | |
| Show depth and thickness of all water, oil and gas formations. | | | | | | | |
| Oil, Gas or Water Records | Casing Record (Su | rface, Conductor & Prod | duction) | | | | |
| Formation Content Casing | Size | Setting Depth | Pulled Out | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| Describe in detail the manner in which the well is plugged, indicating where to be the character of same depth placed from the | · | | ods used in introducing it into the hole. If | | | | |
| Plugging Contractor License #: | Name: | e | | | | | |
| Address 1: | Address 2: | s 2: | | | | | |
| City: | State: | | | | | | |
| Phone: () | | | | | | | |
| Name of Party Responsible for Plugging Fees: | | | | | | | |
| | | | | | | | |
| State of County, | | | | | | | |

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.

Acid & Cement

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

Invoice

LEASE: SB UNIT #1

Page: 1

BURRTON, KS | 6 GREAT BEND, KS (620) 463-5161 FAX (620) 463-2104

(620) 793-3366 FAX (620) 793-3536

INVOICE NUMBER: C60108-IN

BILL TO:

CARMEN SCHMITT, INC. **PO BOX 47 GREAT BEND, KS 67530**

| DATE | ORDER | SALESMAN | ORDER DATE | PURCHASE C | RDER | SPECIAL I | NSTRUCTIONS | |
|--|-------|--|--|-----------------|---|--------------------------------|-------------|--|
| 03/18/2020 | 60108 | | 03/17/2020 | SB UNIT #1 | | ١ | NET 30 | |
| QUANTITY | U/M | ITEM NO./DESCRIPTION | | | D/C | PRICE | EXTENSION | |
| 45.00 | MI | MILEAGE CEMENT PUMP TRUCK | | | 21.00 | 4.00 | 142.20 | |
| 1.00 | EA | PUMP CHARGE | ROTARY PLUG | | 21.00 | 1,100.00 | 869.00 | |
| 190.00 | SK | 60/40 POZ MIX 2 | 2% GEL | | 21.00 | 11.25 | 1,688.63 | |
| 4.00 | sĸ | 2% ADDITIONAL | . GEL | | 21.00 | 22.00 | 69.52 | |
| 48.00 | LB | CELLO-FLAKES | | | 21.00 | 3.00 | 113.76 | |
| 1.00 | EA | 8 5/8" WOOD PLUG | | | 21.00 | 65.00 | 51.35 | |
| 196.00 | EA | BULK CHARGE | BULK CHARGE | | | 1.25 | 193.55 | |
| 388.08 | MI | BULK TRUCK - TON MILES | | | 21.00 | 1.10 | 337.24 | |
| | | BCP | 710/4. 19770, 00 Vell Ale Surface (ex | 3 31 ment | | | | |
| REMIT TO: P.O. BOX 438 HAYSVILLE, KS 67060 | | COP FUEL SURCHARGE IS NOT TAXABLE AND IS ADDED TO MILEAGE, PUMP AND OR DELIVERY CHARGES ONLY. | | R006 | Net Invoice: CO Sales Tax: Invoice Total: | 3,465.25 234.60 3,699.85 | | |
| RECEIVED BY | | | NET 30 DAYS | | | mivoloc lotal. | | |



ORDER Nº C 60108

| | 316-524-1225 | | | | | | |
|--|---|---|--|--|--|--|--|
| | | DATE 1 | 7-Mar 20 20 | | | | |
| BY: CAF | RMEN SCHMITT INC. | *************************************** | | | | | |
| | , , , , , , , , , , , , , , , , , , , | State | | | | | |
| | | | | | | | |
| | UNIT Well No. 1 Cu | istomer Order No. | 1, | | | | |
| *************************************** | | | | | | | |
| | County ROOKS | State | <s< td=""></s<> | | | | |
| of the consideratio | in hereof it is agreed that Copetand Acid is to service or treat at owners risk, the hereinbefore mentioned w | ell and is not to | | | | | |
| tations have been a re will be no disco in accordance with | retied on, as to what may be the results or effect of the servicing or treating said well. The consideration of unt allowed subsequent to such date. 6% interest will be charged after 60 days. Total charges are subject I latest published price schedules. | said service or | | | | | |
| | | | | | | | |
| OMMENCED | Well Owner or Operator | Ag | ent | | | | |
| QUANTITY | DESCRIPTION | | AMOUNT | | | | |
| 45 | Mileage P T | 1 | \$180.00 | | | | |
| | | | \$1,100.00 | | | | |
| | | | \$2,137.5 | | | | |
| | | | \$88.0 | | | | |
| | | | \$144.0 | | | | |
| | | t | \$65.0 | | | | |
| | 6 3/5 VVOOD Filig | 1900.00 | 303.0 0 | | | | |
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| 196 | Rulk Charge | \$1.25 | \$245.0 | | | | |
| | | | | | | | |
| 000.00 | | 191.10 | \$426.89 | | | | |
| | | | 64.206.24 | | | | |
| e above mai | | | \$4,386.39 orkmanlike | | | | |
| the direction | n, supervision and control of the owner,operator or his agent, whose si | gnature appears bel | ow. 3465,25 | | | | |
| resentative | GREG CURTIS | | | | | | |
| | | MATT SUCHY | | | | | |
| | | li Owner, Operator or Ager | | | | | |
| | L Lease SB of the considerationage that may accurate the wiff be no discovin accordance with ed represents his BE SIGNED COMMENCED QUANTITY 45 1 190 4 48 1 1 196 388.08 | Lease SB UNIT Well No. 1 Cu County ROOKS of the consideration hereof it is agreed that Copetand Acid is to service or treat at owners risk, the hereribetrore mentioned wange that may accure in connection with said service or treatment. Copetand Acid Service has made no representation, expressions above the risk made no representation, expressions above the risk made no representation, expressions acreed on, as to wants may be the results or effect of the servicing or treating said well. The consideration reversible or the risk processes are subject in accordance with litest published price schedules. By interest will be charged after 60 days. Total charges are subject in accordance with litest published price schedules. By Well Owner or Operator. BESIGNED OMMENCED Well Owner or Operator QUANTITY DESCRIPTION 45 Mileage P.T. 1 Pump Charge Rotary Plug 190 60/40 Poz 2% Gel 4 Add. Gel after 2% Per Sack 48 Celloflake per lb. 1 8 5/8" Wood Plug 196 Bulk Charge 388.08 Bulk Truck Miles Process License Fee on Gallons TOTAL BILL are above material has been accepted and used; that the above service was perform | City State City State City State City State City State City State City Country ROOKS State I Customer Order No. Country ROOKS Country ROO | | | | |



TREATMENT REPORT

| Acid | & Cemer | it 🕮 | | | | | | | Acid Stage No |). | ••••••••••••••••••••••••••••••••••••••• |
|--|----------------|---|--|-----------------------|--|---|---------------------------------------|---|---|--|---|
| | | | | | Type Treatment: | Amt. | î vî | ne Fluid | Sand Size | Pou | inds of Sand |
| Date 3 | /17/2020 r | histrict GB | r.o. i | No. C60108 | Bkdown | | | | | | |
| Company | CARMEN SCH | | | | | | 'Gal. | | | | |
| Well Name | 8 No. SB UNI | T#1 | | | | Bbl., | /Gal. | | | | ······ |
| Location | | | Field | | | Bbl.3 | 'Gal. | | | | |
| County | ROOKS | | State KS | | flush | Bbl., | 'Gal. | | | | |
| | | | | | Treated from | | | | | No. ft. | 0 |
| Casing: | Size | Type & Wt. | | Set atft. | from | | | | | No. ft. | 0 |
| Formation | : | | Perf. | to | from | | ft. to | | ft. | No. ft. | 0 |
| Formation | : | *************************************** | Perf. | to | Actual Volume of I | Oil / Water to Lo | ad Hole: | | | | 8bl./Gal. |
| Formation | | | Pert. | | | | | | | | |
| Liner: Si | | | | | Pump Trucks. | No. Used: Std. | 320 | Sp. | | Twin | |
| | | | | | Auxiliary Equipme | | | | 327 | | |
| Tubing: | | | Swung at | | Personnel GREG | CLARENCE | | | | | • |
| MAG | Perforated fr | om_ | ft. to | ft. | Auxiliary Tools | | · · · · · · · · · · · · · · · · · · · | | *************************************** | ····· | |
| | | | | | Plugging or Sealing | g Materials: | Гуре | | | | : |
| Open Hole | Size | Y.D. | ft. P | .8. toft. | | | | | Gals. | | lb. |
| | | | | | | | | | | | <i></i> |
| Company | Representative | ···· | MATT SU | СНҮ | Treater | | | GREG | CURTIS | | |
| TIME | PRES | SURES | Total Fluid Pumped | | | | EMARKS | | | | |
| a.m./p.m. | Tubing | Casing | Total Fulls Fullsped | | | | .canmina | | | | |
| 9:00 | | | | ON LOCATION | | | | | | | |
| | | | | | | | • | | | | |
| | | | | PUMP 100 SKS (| 50/40 4% G | EL 1/4# P | ER SK O | F CELLO | OFLAKE @ | 9 1160 | 1 |
| | | | | | | | | | | | |
| | | | | PUMP 50 SKS @ | 500' | | | | | | |
| | | | | | | *************************************** | | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | | | |
| | | | | PUMP 10 SKS @ | 40' | | | | *************************************** | | |
| | | | | | | | | | | | *************************************** |
| | | | | PLUG RATHOLE | WITH 30 Sk | KS | | ······································ | | | B |
| ************************************** | | | | | | | | ······································ | ······ | | |
| 12:30 | ····· | | | JOB COMPLETE | | | | | | | ************************************** |
| | | | | | | | | ······································ | *************************************** | | <u></u> |
| | | | | THANK YOU!!! | | | | | *************************************** | ······································ | |
| | | | | THAIR TOURS | | | | | | | |
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