

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.

(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.

Submitted Electronically

Form	CP4 - Well Plugging Record
Operator	Younger Energy Company
Well Name	STRECKER JULIUS - B 1
Doc ID	1516087

Producing Formations

Formation	Top	Bottom	Total Depth
Tarkio	2276	2357	
Topeka	2586	2590	
Plattsmouth	2772	2776	
Lansing/Kansas City	2918	3066	



Acid & Cement

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

Invoice

BURRTON, KS (620) 463-5161
GREAT BEND, KS (620) 793-3366
FAX (620) 463-2104 FAX (620) 793-3536

RECEIVED APR 14 2020

INVOICE NUMBER: C60115-IN

BILL TO: YOUNGER ENERGY CO.
9415 E HARRY ST
BLDG 400 STE 403
WICHITA, KS 67207-5083

LEASE: JULIS STREKER B-1

Table with columns: DATE, ORDER, SALESMAN, ORDER DATE, PURCHASE ORDER, SPECIAL INSTRUCTIONS, QUANTITY, U/M, ITEM NO./DESCRIPTION, D/C, PRICE, EXTENSION. Includes handwritten notes: 'Pluggins cost. Plugging cement / Btl 1' and '5 Prods Btl 1 10 pps to Ker 4 JRB'.

There will be a charge of 1.5% "per month" (18% annual rate) on all accounts over 30 days pas

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.

OR

Handwritten notes: 5 Prods Btl 1, 10 pps to Ker 4, JRB



FIELD ORDER

RECEIVED APR 14 2020
N° C 60115

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

DATE 9-Apr 20 20

IS AUTHORIZED BY: YOUNGER ENERGY (NAME OF CUSTOMER)

Address _____ City _____ State _____

TO TREAT WELL AS FOLLOWS Lease JULIUS STRECKER *Julius Strecker* Well No. B-1 Customer Order No. _____

Sec. Twp. _____ Range _____ County RUSSELL State KS

CONDITIONS: As a part of the consideration hereof it is agreed that Copeland Acid is to service or treat all 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 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 _____ By _____
Well Owner or Operator Agent

CODE	QUANTITY	DESCRIPTION	UNIT COST	AMOUNT
20.0001	17	Mileage P.U.	\$2.00	\$34.00
20.0002	17	Mileage P.T.	\$4.00	\$68.00
20.0003	1	Pump Charge Plug	\$650.00	\$650.00
20.1002	425	60/40 Poz 2% Gel	\$11.25	\$4,781.25
20.1004	8	Add. Gel after 2% Per Sack	\$22.00	\$176.00
20.0011	433	Bulk Charge	\$1.25	\$541.25
20.0012	323.884	Bulk Truck Miles	\$1.10	\$356.27
		Process License Fee on	Gallons	
TOTAL BILLING				\$6,606.77

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. \$5615.75

Copeland Representative ALAN CURTIS

Station GB KEITH REVIS

Well Owner, Operator or Agent

Remarks _____

NET 30 DAYS

