KOLAR Document ID: 1533254

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 #:	API No. 15
Name:	Spot Description:
Address 1:	
	Feet from North / South Line of Section
City: State: Zip: +	Feet from East / West Line of Section
Contact Person:	Footages Calculated from Nearest Outside Section Corner:
Phone: ()	NE NW SE SW
Type of Well: (Check one) Oil Well Gas Well OG D&A Cathodic Water Supply Well Other: SWD Permit #: SWD Permit #: SWD Permit #: ENHR Permit #: Gas Storage Permit #: Gas Storage Permit #: SWD Permit #: SWD 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)	County: Well #: Lease Name: Well #: Date Well Completed: The plugging proposal was approved on: (Date) by: (KCC District Agent's Name) Plugging Commenced: Plugging Completed:
Depth to Top: Bottom:T.D	

Show depth and thickness of all water, oil and gas formations.

Oil, Gas or Wate	r Records		Casing Record (Surfa	ce, Conductor & Produc	ction)
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,	, \$S.
(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

Invoice

GRESSEL OIL FIELD SERVICE

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

BURRTON, KS	۵	GREAT BEND, KS	۵	HAYS, KS	۵
(620) 463-5161		(620) 793-3366		(785) 628-3220	

INVOICE NUMBER: L1839-IN

LEASE: BROWN #10

BILL TO: W.D. SHORT OIL CO., LLC **PO BOX 729** OXFORD, KS 67119-0729

DATE	ORDER	SALESMAN	AN ORDER DATE PURCHASE ORDE 10/14/2020 BROWN #10		ORDER	SPECIAL IN	STRUCTIONS
10/22/2020	1839					NE	T 30
QUANTITY	U/M	ITEM NO./D	ESCRIPTION		D/C	PRICE	EXTENSION
			ND SET 4 1/2 MI CAST I IP BAILER AND MAKE				
1.00	EACH	SET UP WIREL	INE		0.00	700.00	700.00
1.00	EACH	CAST IRON BR	IDGE PLUG		0.00	1,500.00	1,500.00
1.00	EACH	DUMP BAILER			0.00	250.00	250.00
REMIT TO: P.O. BOX HAYSVIL	438 LE, KS 67060		LOG		cow	Net Invoice: /CO Sales Tax:	2,450.00 159.25
RECEIVED BY	<u></u>		NET 30 DAYS			Invoice Total:	2,609.25

There will be a charge of 1.5% (18% annual rate) on all accounts over 30 days past due.
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.

1839



P.O. BOX 438 Haysville, KS 67060 (316) 524-1225 • FAX (316) 524-1027

			Lease and Well No.
Date 04+ 14 2020	Charge To: WD Shop	Oil Co. L.L.	BROWN #10
Acit D	Address		- Field
Operator T INTITIP-T	A001030		Legal Description
	City & State		
Customer's T.D.	Fluid Level	Casing Size	Sec. D TWP. 345 Ang. 5E
T.D	Type Fluid in Hole	Casing Wt.	County COW Law
Zero	Elevation	Casing Depth	
Gh	1336	3118	State
 (2) Because of the uncertain conditions the parties hereto that Gressel Oil F groperty damage in the performance (3) Should any Gressel Oil Field Service, every reasonable effort to recover the repairing damage to items recoveree (4) The customer certifies that he has the Field Service, the is in proper and su of the customer. (5) The customer agrees to pay any and including city, county, state and fed (6) No employee is authorized to alter the (7) i certify that the services have been p and all depth measurements were cities. 	Field Service, Inc. cannot guarantee the r e of its services. , Inc. Instruments or equipment be lost or d he same, and to reimburse Gressei Oli Fi d. ne full right and authority to order such wo jitable condition for the performance of sa id all taxes, fees and charges placed on eral taxes and fees or reimburse Gresse e terms or conditions of this agreement beh performed by Gressel Oli Field Service, inc hecked and approved.	results of its efforts and its services and lamaged in the performance of the operati- eld Service, Inc. for the value of the item when such well and that the well in which id work and that Gressel OII Field Service services rendered by Gressel OII Field Service to II Field Service, Inc. for such taxes an ween Gressel OII Field Service, Inc. and that . under my directions and control, and that	ervice, inc., it is understood and agreed by will not be held responsible for personal or ons requested, the customer agrees to make s which cannot be recovered, or the cost of in the work is to be performed by Gressel Oil a, Inc. is merely working under the directions bervice, inc. by governmental requirements nd fees paid to said agencies. e customer. Is all zones perforated were designated by me ame is approved by Gressel Oil Field Service, a greed by the parties hereto to be in Harvey
	Kaa	K	
CUSTOMER	AUTHORIZE	D AGENT AND AEPRESENTATIVE IEL OIL FIELD SERVICE, INC.	OFFICER
WORK PERF	ORVED	·····	PRICING
<u> </u>		SET UP:	s 700 °
Perforated With TYPE C	as Follows:	PERFORATING:	\$_/\\
Fromft. to	ft.,Shots	1stShots	\$\$
Fromft. to	ft.,Shots	Next Shots @ \$	Ea. \$
Fromft. to	ft.,Shots	Next Shots @ \$	Ea. \$
Fromft. to	ft.,Shots	LOGGING: Logging Chgft. 0 \$_	. \$
Fromft. to	ft.,Shots		
Fromft. to	ft.,Shots	BRIDGE FLUG: Type Depth 30	500 s 1500 2
Ring lin just Saf	Hz MI Cost IRA	CEMENT LOCATOR SURVEY:	\$
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			\$
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Invoice

Page: 1



Acid & Cement

(620) 463-5161 FAX (620) 463-2104

× 1

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BURRTON, KS 🍐 GREAT BEND, KS (620) 793-3366 FAX (620) 793-3536

POST OFFICE BOX 438

HAYSVILLE, KS 67060

(316) 524-1225

(316) 524-1027 FAX

INVOICE NUMBER: C47586-IN

LEASE: BROWN 10

BILL TO: W.D. SHORT OIL CO., LLC **PO BOX 729** OXFORD, KS 67119-0729

DATE	ORDER	SALESMAN	ORDER DATE	PURCHASE C	RDER	SPECIAL I	NSTRUCTIONS
10/21/2020	47586		10/14/2020 BROWN 10		_	• •	IET 30
QUANTITY	U/M	ITEM NO./DE	SCRIPTION		D/C	PRICE	EXTENSION
1.00	EA	CEMENT PUMP	CHARGE		0.00	650.00	650.00
85.00	SK	60/40 POZ MIX 4	% GEL		0.00	11.47	974.95
100.00	MI	MILEAGE CEME	NT PUMP TRUCK		0.00	4.00	400.00
1.00	EA	BULK CHARGE-	MIN CHARGE		0.00	150.00	150.00
374.00	МІ	BULK TRUCK - 1	ON MILES		0.00	1.10	411.40
REMIT TO:			СОВ			Net Invoice:	2,586.35
P.O. BOX 43 HAYSVILLE			E IS NOT TAXABLE AND		cow		168.11
RECEIVED BY			AND OR DELIVERY CHA			2,754.46	
			NET 30 DAYS				

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.

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FIELD ORDER № C 47586

BOX 438	٠	HAYSVILLE,	KANSAS 67060
		016 E04 1/)9E

	316-524-1225	DATE ORP 14	20 20
IS AUTHORIZED BY: US N Share (CAME OF CUSTOMER)		
Address	City	State	
To Treat Well As Follows: Lease <u>Beaw レ</u>	Well No <u>100</u>	Customer Order No.	
Sec. Twp. Range	County Cowler	State	•

CONDITIONS: As a part of the consideration hereof it is agreed that Copeland Acid Service 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 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.

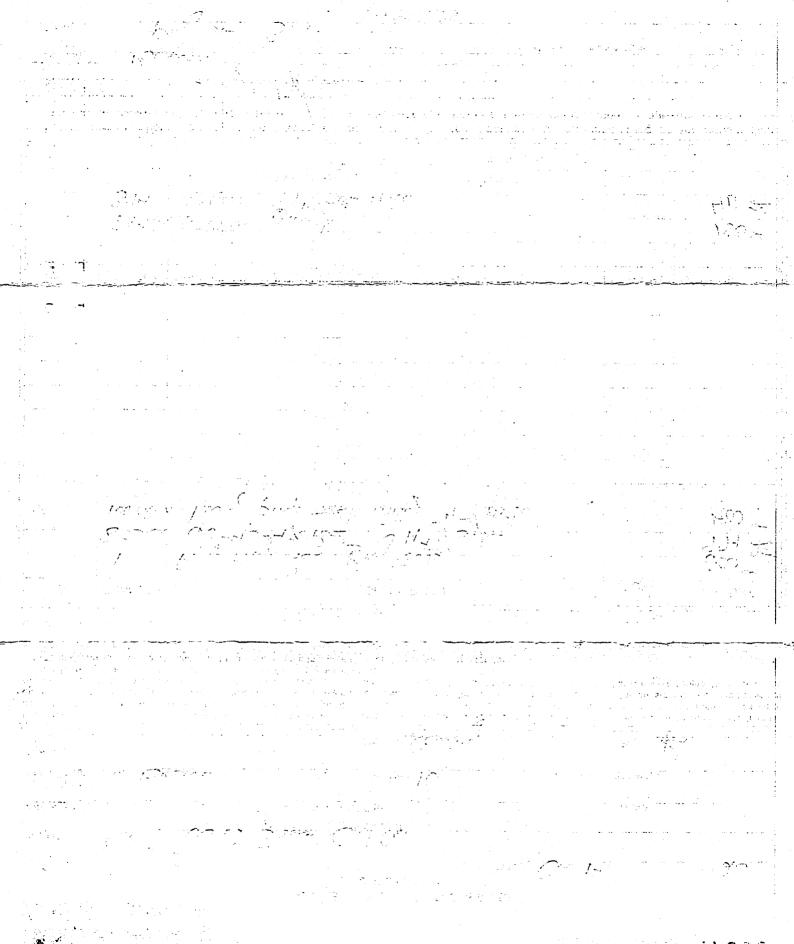
THIS ORDER MUST BE SIGNED BEFORE WORK IS COMMENCED

BEFORE WORK	IS COMMENCED	Weil Owner or Operator By	Agent	
CODE	QUANTITY	DESCRIPTION	UNIT COST	AMOUNT
	X	Pup chy for fly tob	0001	(15)~~
	858al	(0)-40-44% foz ~ 1147/ such.		974 25
	lim and	I way prop reach mily 40 milo		400 2
i 				· · · · · · · · · · · · · · · · · · ·
				<u></u>
	855ade	Bulk Charge Discher		150%
	3574	Bulk Truck Miles 010 ton miles		411 42
		Process License Fee onGallons		
		TOTAL BILLING		

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 Re		
Station	Bufferton	
Remarks	Phy our B:IT	>

Well Owner, Operator or Agent



. . 47586



TREATMENT REPORT

Acid Stars No.

		•			Type Treatment:	Amt.	Type Fluid	Sand Size	Founds of Sand	
1)m1 10/14	120 DI	strict Bul	Kar). No	Bkdown	Bbl./Gal	••••••	••••	••••••	
in Short Oil le.										
Well Name & No. BLOWIN # 10										
Location										
					Flush					
County Daw Via							't. to			
	u/2			11-A - A			't. to			
Casing: Size				Set atft.	1		't. to			
Formation:					IFOM					
					Actual Volume of	Oll/Water to Los	d Hule:		Bbl. /Gal.	
				to		20	13			
Liner: Size	Type & W	t	Top atft	. Bottom atft.	Pump Trucks. No. Used: Bid. 323 Auxiliary Equipment Bulk 322					
Cem	ented: Yes/No.	Perforated fro	om	.ft. toft.	Auxillary Equips	ient Bulk	340	••••••••••••••••	•••••	
Tubing: Size d	• wi	16	Bwung at	n 00	Packer:		•••••••••••••••••••••••••••••••••••••••	Set ut	ft.	
Per	forated from		ft. 10		Auxiliary Tools		·····			
		-			Plugging or Seali	ng Materials: Typ	. 85 sodu	60-40-	-4-Co Toz	
thun Mole Six	•	T .D		B. 10ft.						
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0		-			Treater	en 1	\mathbf{V}			
	Representativ	e SURES								
TIME a.m /p.m.	Tubing	Casing	Total Fluid Pumped			E M A R	rt 8			
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:				Stick hos	212 42	-took ?	BOL-TO	Fill N	13 sode	
300				Let Sit 5 min down 10' Fill up aget seem						
:				to glow down droppin						
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