KOLAR Document ID: 1546953

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:	Sec Twp S. R East West
Address 2:	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 #: Image: Cathodic ENHR Permit #: Gas Storage Permit #: Image: Cathodic Image: Cathodic Image: Cathodic Is ACO-1 filed? Yes No If not, is well log attached? Yes No	County: Well #: Lease Name: Well #: Date Well Completed: The plugging proposal was approved on: (Date)
Producing Formation(s): List All (If needed attach another sheet)	by: (KCC District Agent's Name)
Depth to Top: Bottom: T.D	Plugging Commenced:
Depth to Top: Bottom: T.D	Plugging Completed:
Depth to Top: Bottom: T.D	

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

Invoice

Page: 1

123.20

847.00

1,472.63

55.44

166.51

257.89

2,922.67

223.58

3,146.25



BILL TO:

PO BOX 47

Acid & Cement

CARMEN SCHMITT, INC.

GREAT BEND, KS 67530

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

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

POST OFFICE BOX 438

HAYSVILLE, KS 67060

(316) 524-1027 FAX

(316) 524-1225

INVOICE NUMBER: C60246-IN

LEASE: DAVID #1

DATE ORDER SALESMAN ORDER DATE PURCHASE ORDER SPECIAL INSTRUCTIONS 01/29/2021 DAVID #1 60246 01/23/2021 NET 30 QUANTITY U/M **ITEM NO./DESCRIPTION** D/C PRICE **EXTENSION** 40.00 MI MILEAGE CEMENT PUMP TRUCK 23.00 4.00 1.00 EΑ PUMP CHARGE ROTARY PLUG 23.00 1,100.00 170.00 SK 60/40 POZ MIX 2% GEL 23.00 11.25 3.00 SK 2% ADDITIONAL GEL 23.00 24.00 173.00 **BULK CHARGE** EΑ 23.00 1.25 304.48 **BULK TRUCK - TON MILES** MI 23.00 1.10 710/43 19831.0001 1969 Dell Alle Cement lo Plug COP **REMIT TO:** Net Invoice: P.O. BOX 438 HAYSVILLE, KS 67060 FORCO FUEL SURCHARGE IS NOT TAXABLE AND IS ADDED TO Sales Tax: MILEAGE, PUMP AND OR DELIVERY CHARGES ONLY. Invoice Total: RECEIVED BY

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

Gresset 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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panz	ALWA		HAVSVII	LE, KANSAS 6706			******	N-144494444
Acid &	Ceme	ent 🕰 🛛 box 430		316-524-1225				
					1		2	<u>23-Jan</u> 20
S AUTHORIZE	D BY: CAP	RMEN SCHMITT INC	INAL	ME OF CUSTOMER)				
Address						ę	State I	KS
TO TREAT WE		,,,,,,,,,_,_					-	
AS FOLLOWS		/ID	Well	No. <u>1</u>	Custo	mer Orde	r No.	
Sec. Twp. Range			Cour	nty FORD			State <u>I</u>	KS
e held liable for any di nplied, and no represe catment is payable. Th or invoicing department	amage that may acce initiations have been here will be no disco init in accordance with aned represents hi	n hereof it is agreed that Copeland Acid i ue in connection with said service or trea relied on, as to what may be the results o unt allowed subsequent to such date, 6% i tatest published price schedules, mself to be duly authorized to sign th	Iment. Copeland Acid Ser r effect of the servicing or interest will be charged a	rvice has made no representati treating said well. The conside after 60 days. Total charges are	in, expressed ration of said	or service or		
EFORE WORK IS		1A/c	I Owner or Operator		By		Ac	ant
CODE	QUANTITY		DESCRIPTIO	N		UN	T	AMOUNT
20.0002	40	Mileage P.T.	an tanın ayan yaraktır. Məhəmini yaraktır yaraktır. Məhəmini yaraktır yaraktır.			<u> </u>	<u>81</u>	\$160
20.0006	1	Pump Charge Rotary Plu		****		\$1,100	.00	\$1,100
20,1002	170	60/40 Poz 2% Gel	<u>-</u>			\$11.25		\$1,912
20.1004	3	Add. Gel after 2% Per S	ack	~~~~~~		\$24.00		\$72
		······································						<u></u>
		· •						
								9999 1999 1999 1999 1999 1999 1999 199
		***************************************				-		
20.0011	173	Bulk Charge				\$1.25		\$216
20.0012	304.48	Bulk Truck Miles				\$1.10		\$334.
		Process License	Fee on	Gallor	S			
·				TOTAL	BILLING	ŝ		\$3,795.
I certify that t manner unde Copeland Re Station GB	r the directior presentative	erial has been accepted an n, supervision and control of GREG C.	d used; that the a i the owner,opera	above service was pe ator or his agent, who MATT SUCHY	rformed se signal	in a good lure appe	and wo	orkmanlike ow. ⁴ 2922.
		******			Well Owr	ner, Operato	r or Agen	it
Remarks			NET 30 DA	VS				
:			NE1 M 14					

BURELJUD	a surger
Acid & Cement	

82

TREATMENT REPORT

Acid &	요도까지 E Ceme	凹 nt L		TREAT	MENT REPORT			Acid Stage N	ło,	
	23/2021		F.D. Þ	In C60246	Type Treatment: An Bkdown		Type Fluid			nds of Sand
	ARMEN SC				*********					
	& No. DAVID									
			Field			Bbl./Gal.				
County F			State KS							
					Treated from		ft. to		No. ft.	0
asing: S	Size	Type & Wt.		Set at ft	from		ft. 10		No.ft.	0
ormation	·····		Perf.		from		ft. to	ft.	No, ft.	0
ormation:	******		Perf.		Actual Volume of Oil / W	eter to Load I				Bbl./Gal
			*****			Ster to Look I	ibie:		· · · · · · · · · · · · · · · · · · ·	55.768
ormation:			Perf.		-	t. 61.2	220 6-		W ood at	
			Top atft.		Pump Trucks. No. Us Auxiliary Equipment	ed: 5to.	<u> </u>	327		
			Swung at		Personnel GREG CLAR			361		
uung. 30	Perforated			· · · · · · · · · · · · · · · · · · ·				*******		
	renorace	5010	ft. to		Auxiliary Tools					
· · ·					Plugging or Scaling Mater	rials: Type	<u></u>			
ipen Hole 5i	ize	T.D.	ft. P.	B. toft				Gałs	í.	lb.
ompany Re TIME	presentative	SSURES	MATT SU	СНҮ	Treater		G	REG C.		
.m./p.m.		330763	Total Fluid Pumped							
312/52.611	Tubing	Casing				REMA	RKS			
	Tubing	Casing				REMA	ARKS			
2:30	Tubing	Casing		ON LOCATION		REMA	ARKS			
	Tubing	Casing			1900'	REMA	NR¥S			
	Tubing	Casing		ON LOCATION PUMP 50 SKS @	0 1800'	REMA	ARKS		······	
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