### KOLAR Document ID: 1564097

**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 #:	County: Well #: Lease Name: Well #: Date Well Completed:
Is ACO-1 filed? Yes No If not, is well log attached? Yes No	The plugging proposal was approved on: (Date)
Producing Formation(s): List All (If needed attach another sheet)	by: (KCC <b>District</b> 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	Formation Content		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

Acid & Cement		FIELD ORDER № C 47691
BUX 438 •	HAYSVILLE, KANSAS 67060 316-524-1225 DATE	March 10 2021
IS AUTHORIZED BY: Novy Oil & Gras-	(NAME OF CUSTOMER)	
Address	City	State
To Treat Well As Follows: Lease Bolach	Well No. BX1	Customer Order No
Sec. Twp. Range	County Cowhy	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.

By\_

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\_

		Well Owner or Operator	Agent	
CODE	QUANTITY	DESCRIPTION	UNIT COST	AMOUNT
	1	Pino chy for plus Jab		(50 -
	150seck	60-40-470 Po2 7147/ Sach.		17205
	10072	Hulls. Tod / Lb		40-
	goal	I way prop Tech 4" mile		360=
		0.,		
	150.00	s. Bulk Charge		18750
	594	Bulk Truck Miles		453 40
		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 gontrol of the owner, operator or his agent, whose signature appears below.

Copeland	Representative	17
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Station

Remarks PIM OUT 10-85

Weil Owner, Operator or Agent

NET 30 DAYS



# TREATMENT REPORT

Acid Stage No. RJ

			•			Type Treatment:	Amt.	Type Fluid	Sand Size	Founds of Saud
Date	3/m	121 DH	erice Burge	Ho- 1.0	No					
Compa	ny	1 proch	ny + lag	<i>A</i>						
Well Name & No. Coll gol B 2 1										
Locati	oñ			Field						
Counts	Co	why		State 25						
		Ö						t. to		
Casing	: Size	52	Type & Wt		Set atft.			(t. to		
Forma	tion :			Perf.	to	from		ft. to	ft. No.	ft
					to	Antun Volume of	OIL/Water to Lo	ad Hole:		Bbl. /Gal.
					to					
					Bottom atft.	Pump Trucks. N	o. Used: Std.	202 80	T 100	rin
					ft. toft.	Auxiliary Equips		220 1		
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(34.57)	Hole Bi	w		n. P.L	l. 10fi.	100-14	ulls		Gals.	
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	:				Stuff wat	w to Br	Cante Cole			
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	:			6881	Bil Cleased		2 2	1 A-	IOA # M	11
	:			0	Street mi	X4 GOV	down !	hole add	100-1	WIB
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