KOLAR Document ID: 1570465

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 Tw	p 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)		OG D&A Cathodi SWD Permit #:		County: Well #:					
ENHR Permit #:	Gas Sto	rage Permit #:							
Is ACO-1 filed? Yes	No If not, is well	log attached? Yes				ved on: (Date)			
Producing Formation(s): List A	ll (If needed attach another	sheet)				(KCC District Agent's Name)			
Depth to	Top: Botto	m: T.D		Plugging	a Commenced:				
Depth to	Top: Botto	m: T.D		00 0					
Depth to	Top: Botto	m: T.D	'	. ragging	g completed.				
Show depth and thickness of a	all water, oil and gas forma	ations.							
Oil, Gas or Water	Records		Casing Re	cord (Su	urface, Conductor & Produc	tion)			
Formation	Content	Casing	Size		Setting Depth	Pulled Out			
Describe in detail the manner cement or other plugs were us		_				Is used in introducing it into the hole. If			
Plugging Contractor License #:									
Address 1:			Address 2:	:					
City:			;	State:		Zip:+			
Phone: ()									
Name of Party Responsible fo	r Plugging Fees:								
State of	County, _			, ss.					
	<i>3</i> , –			_	implayed of Onesates	Operator on obeyed decertibed			
	(Print Name)			E	imployee 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.

Acid & Cement

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

Page: 1

Invoice

LEASE: OGALLAH UNIT 8-3

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

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

INVOICE NUMBER: C60297-IN

BILL TO:

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

DATE	ORDER	SALESMAN	ORDER DATE	PURCHASE ORD	ER	SPECIAL INSTRUCTIONS		
04/30/2021	60297		04/29/2021	OGALLAH UNIT 8-3		NET 30		
QUANTITY	U/M	ITEM NO./DESCRIPTION			D/C	PRICE	EXTENSION	
40.00	MI	MILEAGE CEME	MILEAGE CEMENT PUMP TRUCK			4.00	128.00	
1.00	EA	PUMP CHARGE	PLUG		20.00	650.00	520.00	
515.00	SK	60/40 POZ MIX 2	2% GEL		20.00	11.25	4,635.00	
9.00	sĸ	2% ADDITIONAL GEL			20.00	24.00	172.80	
200.00	LB	COTTONSEED HULLS			20.00	0.40	64.00	
526.00	EA	BULK CHARGE			20.00	1.25	526.00	
925.76	МІ	BULK TRUCK - TON MILES			20.00	1.10	814.67	
		/30 C	7/9/43 290.0803 Well Ale Ment to Plug					
EMIT TO: P.O. BOX HAYSVILI	438 E, KS 67060		COP E IS NOT TAXABLE AND AND OR DELIVERY CHA		TRECO	Net Invoice: Sales Tax: Invoice Total:	6,860.4 514.5 7,375. 0	



FIELD ORDER

N_ C _____60297

BOX 438 - HAYSVILLE, KANSAS 67060

1 3 m 2 m 4 m 4 m		316-524-1225		
			DATE	29-Apr 20 21
IS AUTHORIZ	ED BY: CA	RMEN SCHMITT (NAME OF CUSTOMER)		
Address		City	State	KS
TO TREAT W	FII		***************************************	
AS FOLLOWS		ALLAH UNIT Well No. 8 - 3 Custo	omer Order No.	
Sec. Twp. Range		County TREGO	State	KS
be held liable for any implied, and no repres treatment is payable." our invoicing departm	damage that may acc sentations have been There will be no disco ent in accordance will igned represents h ST BE SIGNED	xx hereof it is agreed that Copeland Acid is to service or treat at owners risk, the hereinbefore mentioned well a rue in connection with said service or treatment. Copeland Acid Service has made no representation, expresse relied on, as to what may be the results or effect of the servicing or treating said well. The consideration of said pount allowed subsequent to such date. 6% interest will be charged after 60 days. Total charges are subject to contide the subject of the subj	d or I service or	
DEPORE WORK R	5 COMMENCED			Agent
CODE	QUANTITY	DESCRIPTION	UNIT COST	AMOUNT
20.0002	40	Mileage P.T.	\$4.00	\$160.00
20.0003	1	Pump Charge Plug	\$650.00	\$650.00
20.1002	515	60/40 Poz 2% Gel	\$11.25	\$5,793.75
20.1004	9	Add. Gel after 2% Per Sack	\$24.00	\$216.00
20.1017	200	Hulls per lb.	\$0.40	\$80.00
<u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>				
20.0011	526	Bulk Charge	\$1.25	\$657.50
20.0012	925.76	Bulk Truck Miles	\$1.10	\$1,018.34
		Process License Fee on Gallons		

Copeland Representative GREG C. **CURTIS HITSCHMANN** Station GB Well Owner, Operator or Agent Remarks



TREATMENT REPORT

CX C C 111	CIII & Marie						ACIO Stage 14	v	
				Type Treatment:	Amt.	Type Fluid	Sand Size	Рои	nds of Sand
4/29/2021	District GB	J.O. 1	No. <u>C60297</u>	Bkdown	Bbl./Gal.				
CARMEN S	CHMITT								
e & No. <u>OGA</u>	LLAH UNIT 8-3								
•		Field							
TREGO		State KS		Flush	Bbl./Gal.				
				Treated from	·····	it. to	ft.	No. ft.	0
				i. from				***************************************	
n:		Perf.	to	from		t. to	ft.	No. ft.	0
1:		Perf.	to	Actual Volume of Oil	I / Water to Load Ho	le:			Bbl./Gal.
v:		Perf.	to	_					
ize <u>Typ</u>	e & Wt	Top at ft.	Bottom atft					Twin	
Cemented: Ye	Perforated f	rom	ft. toft	. Auxiliary Equipment			360-308T		
					IM				
Perforate	d from	ft. to	ft	Auxiliary Tools	***************************************				
					Materials: Type				
: Size	T.D.	ft. P	B. toft				Gals		lb.
CURTIS H.				Treater		GRE	G C.		
		Total Fluid Pumped			REMAR	KS			
Tubing	Casing	``							
			ON LOCATION						
			SHOT TUBING C	OFF @ 2305'					

			PUMP 245 SKS	@ 4000'					
			PUMP 100 SKS	WITH 200# H	ULLS @ 230	0'			
			CIRCULATE CEM	1ENT @ 1000	', TOOK 140	SKS			
			TIED ON TO 85	/8 SURFACE F	PIPE. PRESSI	JRED RIGH	T UP		

			TOPPED OFF W	ITH 30 SKS			······································	***************************************	

			JOB COMPLETE						
							·····		
			THANK YOU!!!						
							***************************************		······································
	A/29/2021 CARMEN S Re No. OGA TREGO Size 5: Trego Typ Cemented: Ye Size & Wt. Perforate Perforate	CARMEN SCHMITT Re & No. OGALLAH UNIT 8-3 TREGO Size 5 1/2 Type & Wt. Representative PRESSURES	A/29/2021 District GB F.O. II CARMEN SCHMITT TREGO State KS Size 5 1/2 Type & Wt. Size 5 1/2 Type & Wt. Perf. Perf. Perf. Size Type & Wt Top at ft. Comented: Yes Perforated from Size & Wt. 2 7/8 Swung at Perforated from ft. to PRESSURES T.D. ft. P Representative CURTIS PRESSURES Total Fluid Pumped Tubing Casing	A/29/2021 District GB CARMEN SCHMITT The & No. OGALLAH UNIT 8-3 Field TREGO State KS Size 5 1/2 Type & Wt. Perf. Perf. To District GB Type & Wt. Perf. To District GB To District G	A/29/2021 District GB I.O. No. C60297 CARMEN SCHMITT e & No. OGALLAH UNIT 8-3 Field TREGO State KS Flush Treated from from from Perf. to Actual Volume of Oi Perf. to ft. Bottom at ft. Pump Trucks. N Comented: Yes Perforated from ft. to ft. Size Avt. 27/8 Swung at ft. Perforated from ft. to ft. Perforated from ft. to ft. Size No. ORALLAH UNIT 8-3 Perforated from ft. to ft. Perforate from ft. Perforate	A/29/2021 District GB	Type Treatment: Amt. Type Fluid	Type Treatment: Amt. Type Fluid Sand Size	Type Treatment Amt. Type Fluid Sand Size Floor Sand Size Floor Sand Size Floor Sand Size Sand Size Floor Sand Size San