

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.
 _____ Employee of Operator or Operator on above-described well,
 (Print Name)

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

COPELAND

Acid & Cement

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

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

Invoice

INVOICE NUMBER:
C60330-IN

BILL TO:

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

LEASE: **SUNRAY 1-28 NEW WELL**

DATE	ORDER	SALESMAN	ORDER DATE	PURCHASE ORDER	SPECIAL INSTRUCTIONS	
06/14/2021	60330		06/08/2021	SUNRAY 1-28 NEW WELL	NET 30	
QUANTITY	U/M	ITEM NO./DESCRIPTION		D/C	PRICE	EXTENSION
		NEW WELL				
80.00	MI	MILEAGE CEMENT PUMP TRUCK		20.00	4.00	256.00
1.00	EA	PUMP CHARGE ROTARY PLUG		20.00	1,100.00	880.00
280.00	SK	60/40 POZ MIX 2% GEL		20.00	11.25	2,520.00
5.00	SK	2% ADDITIONAL GEL		20.00	24.00	96.00
70.00	LB	CELLO-FLAKES		20.00	3.00	168.00
288.00	EA	BULK CHARGE		20.00	1.25	288.00
1,013.76	MI	BULK TRUCK - TON MILES		20.00	1.10	892.11
		<i>7/10/43</i> <i>19891.0128</i> <i>BCP Well A/c</i> <i>Surface Cement</i>				
REMIT TO: P.O. BOX 438 HAYSVILLE, KS 67060		COP FUEL SURCHARGE IS NOT TAXABLE AND IS ADDED TO MILEAGE, PUMP AND OR DELIVERY CHARGES ONLY.		Net Invoice: 5,100.11 GRLCO Sales Tax: 196.20 Invoice Total: 5,296.31		
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

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.



NEW ~~WELL~~ WELL

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

FIELD
ORDER

N^o C _____ 60330

DATE 8-Jun 20 21

IS AUTHORIZED BY: CARMEN SCHMITT _____
(NAME OF CUSTOMER)

Address _____ City _____ State KS

TO TREAT WELL
AS FOLLOWS Lease SUNRAY Well No. 1 - 28 Customer Order No. _____

Sec. Twp.
Range 28-19S-41W County GREELEY State KS

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

CODE	QUANTITY	DESCRIPTION	UNIT COST	AMOUNT
20.0002	80	Mileage P.T.	\$4.00	\$320.00
20.0006	1	Pump Charge Rotary Plug	\$1,100.00	\$1,100.00
20.1002	280	60/40 Poz 2% Gel	\$11.25	\$3,150.00
20.1004	5	Add. Gel after 2% Per Sack	\$24.00	\$120.00
20.1013	70	Celloflake per lb.	\$3.00	\$210.00
20.0011	288	Bulk Charge	\$1.25	\$360.00
20.0012	1013.76	Bulk Truck Miles	\$1.10	\$1,115.14
		Process License Fee on	Gallons	
		TOTAL BILLING		\$6,375.14

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. *B.S. 100.11*

Copeland Representative GREG C.

Station GB _____ MATT SUCHY
Well Owner, Operator or Agent

Remarks _____

NET 30 DAYS



TREATMENT REPORT

Acid Stage No. _____

Date 6/8/2021 District GB F.O. No. C60330
 Company CARMEN SCHMITT
 Well Name & No. SUNRAY 1-28
 Location _____ Field _____
 County GREELEY State KS

Type Treatment: Amt. Type Fluid Sand Size Pounds of Sand
 Bkdown _____ Bbl./Gal. _____
 _____ Bbl./Gal. _____
 _____ Bbl./Gal. _____
 _____ Bbl./Gal. _____
 Flush _____ Bbl./Gal. _____

Casing: Size _____ Type & Wt. _____ Set at _____ ft.
 Formation: _____ Perf. _____ to _____
 Formation: _____ Perf. _____ to _____
 Formation: _____ Perf. _____ to _____
 Liner: Size _____ Type & Wt. _____ Top at _____ ft. Bottom at _____ ft.
 Cemented: Perforated from _____ ft. to _____ ft.
 Tubing: Size & Wt. _____ Swung at _____ ft.
 Perforated from _____ ft. to _____ ft.

Treated from _____ ft. to _____ ft. No. ft. 0
 from _____ ft. to _____ ft. No. ft. 0
 from _____ ft. to _____ ft. No. ft. 0
 Actual Volume of Oil / Water to Load Hole: _____ Bbl./Gal.

Open Hole Size _____ T.D. _____ ft. P.B. to _____ ft.

Pump Trucks No. Used: Std. 320 Sp. _____ Twin _____
 Auxiliary Equipment 327
 Personnel GREG JIM
 Auxiliary Tools _____
 Plugging or Sealing Materials: Type 60/40 4% 1/4# CELLOFLAKE
 Gals. _____ lb. _____

Company Representative MATT SUCHY Treater GREG C.

TIME a.m./p.m.	PRESSURES		Total Fluid Pumped	REMARKS
	Tubing	Casing		
8:15				ON LOCATION
				PUMP 50 SKS @ 2670'
				PUMP 80 SKS @ 1920'
				PUMP 50 SKS @ 960'
				PUMP 50 SKS @ 360'
				CIRCULATE CEMENT FROM 60' TO SURFACE. TOOK 20 SKS
				PLUG RATHOLE WITH 30 SKS
1:45				JOB COMPLETE
				THANK YOU!!!