KOLAR Document ID: 1584476

**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 #:			APIN	No. 15	
Name:					
Address 1:				Sec	
				Feet fron	
City:	State	:		Feet fron	
Contact Person:			Foota	ages Calculated from Nea	rest Outside Section Corner:
Phone: ( )				NE NW	SE SW
Water Supply Well	Other:	ell OG D&A Ca SWD Permit #: as Storage Permit #: is well log attached? Yes	Lease Date	e Name:	Well #: (Date)
Producing Formation(s):	List All (If needed attach a	another sheet)	by:		(KCC <b>District</b> Agent's Name)
De	epth to Top:	Bottom: T.D	Plugo	ring Commenced:	
De	epth to Top:	Bottom: T.D	"	, ,	
De	epth to Top:	Bottom:T.D		,g • •p. • . • . • . • . • . • . • .	
	ss of all water, oil and gas	s formations.			
	Water Records			(Surface, Conductor & Prod	
Formation	Content	Casing	Size	Setting Depth	Pulled Out
		plugged, indicating where the			nods used in introducing it into the hole. If
Plugging Contractor Lice	ense #:		Name:		
Address 1:			Address 2:		
City:			State	:	
Name of Party Responsi	ible for Plugging Fees:				
State of	Co	unty,	, SS.		
				Employee of Operator of	or Operator on above-described well,
	(Print Na			=mpio, so oi opeiatoi o	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.



FIELD ORDER

Nº C

50450

BOX 438 - HAYSVILLE, KANSAS 67060

	<b>U</b>	316-524-1225		
			DATE	21-Jul 20 21
AUTHORIZE	D BY: <u>Te-P</u>	e Oil (NAME OF CUSTOMER)		
ddress		City		KS
—— O TREAT WEI				
S FOLLOWS		wamborn Well No. 4	Customer Order No.	
ec. Twp.				
ange		County Barton	State	KS
ptied, and no represe atment is payable. The r invoicing department	ntations have been re here will be no discount in accordance with ned represents him BE SIGNED	the in connection with said service or treatment. Copeland Acid Service has made no representate elied on, as to what may be the results or effect of the servicing or treating said well. The consider int allowed subsequent to such date. 6% interest will be charged after 60 days. Total charges are letest published price schedules. Inself to be duly authorized to sign this order for well owner or operator.	eration of said service or e subject to correction by By	
	•	Well Owner or Operator	UNIT	Agent
CODE	QUANTITY	DESCRIPTION	COST	AMOUNT
20.0001	15	Mileage P.U.	\$2.00	\$30.00
20.0002	1	Mileage P.T.	\$4.00	\$60.00
20.0003	1	Pump Charge Plug	\$650.00	\$650.00
20.1002	365	60/40 Poz 2% Gel	\$11.25	\$4,106.25
20.1004	7	Add. Gel after 2% Per Sack	\$24.00	\$168.00
20.1005	13	Gel on side per sack	\$24.00	\$312.00
20.1017	200	Hulls per lb.	\$0.40	\$80.00
		Plugging Well		
20.0011	385	Bulk Charge	\$1.25	\$481.2
20.0012	255.9		\$1.10	\$281.49
		Process License Fee on Gallo	ons	
				T

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 Representative

Nathan W.

Station GB

Terry B.

Well Owner, Operator or Agent

NET 30 DAYS



## TREATMENT REPORT

\cid	& Cemer	nt 🕮							Acid Stage No	D	
					Type Treatment:	Amt.		Type Fluid	Sand Size	Pour	nds of Sand
te7	/21/2021 [	District GB	F.O. N	o. <u>50450</u>	Bkdown						
прапу	Te-Pe Oil	•									
ll Name	& No. Schwar	nborn 4									
ation			Field								
unty	Barton		State KS	· · · · · · · · · · · · · · · · · · ·	Flush		Bbl./Gal.			·	
			•		Treated from		ft. to	·	ft.	No. ft.	0
sing:				Set atft.			ft. to			No. ft.	
mation	:		Perf.	to	from		ft. te		ft.	No. ft.	0
rmation	: <u> </u>		Perf	to	Actual Volume of	Oil / Water t	o Load Hole:				Bbl./Gal.
rmation	:		Perf.	to							
er: Si	ze Type 8	l Wt_			Pump Trucks.	No. Used:	Std318	Sp		Twin	
			rom		Auxiliary Equipme	ent	. <u></u>	<u></u>	367		
oing:	Size & Wt.	2"	Swung at	ft.	Personnel Natha	an Greg T	im		. <del></del>		
	Perforated f	rom	ft. to	ft.	. Auxiliary Tools					<del></del>	
					Plugging or Sealing	g Materials:	Type				
en Holi	Size	T.D	ft. P.	B. toft.	<u> </u>				Gals		lb.
			Torne	•	Treater			Nath	ian W.		
	Representative	SSURES	Terry I	·	- Treater		-				
riME n./p.m		Casing	Total Fluid Pumped				REMARKS				
30	2"	5.5"	<del> </del>	On Location.						<del></del>	
30		3.3		On Location.	·				·-	-	
	<del>                                     </del>	+		Mix 13sks of ge	l and 50sks	60/40r	107 4%ge	l with 1	00# Hulls	at 290	0'
		<del> </del>	+	IAUV TOSKS OF BC	Tuna sosks	00/ 10				-	
			<del> </del>	Mix 70sks with	100# Hulls	at 1300	) <sup>1</sup>		<u> </u>		-
				IVIIX 703K3 WICH	100# 114113	<u> </u>	<del></del>			<u> </u>	
		ļ	<del>                                     </del>	Mix 230sks at 5	OO' Circula	ted cer	nent to s	urface			
		<u></u>	<del> </del>	IVIIX ZOUSKS at 3	OU CITCUIA	teu cei	iiciic to .	di idee.			
			<del></del>	Ton off with 15	cke						
			<del></del>	Top off with 15	, 3N3.						
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	<b> </b>	<del></del>	<u> </u>	Thomk Yard							<del> </del>
	<u> </u>	<del> </del>	<del> </del>	Thank You!							
	<del> </del>	<del> </del>	ļ	Nother 144							
	<u> </u>	<del></del>		Nathan W.					·	<del></del>	
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FIELD ORDER

Nº C\_\_\_\_\_

60362

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

				DATE	<b>22-J</b> ul	202
AUTHORIZEI	BY: <u>TEP</u>					
<b></b> -			NAME OF CUSTOM		. VC	
dress			Lity	Sta	(e <u>k2</u>	<del> </del>
TREAT WEL FOLLOWS	_	IWAMBORN V	Vell No. 4	Customer Order N	o	
c. Twp. inge			County BARTON		te <u>KS</u>	
neld liable for any da lied, and no represer tment is payable. Th invoicing departmen	mage that may accor stations have been re are will be no discor t in accordance with	n hereof it is agreed that Copeland Acid is to service or treat ue in connection with said service or treatment. Copeland Acid is no service on the service of the service etied on, as to what may be the results or effect of the service and allowed subsequent to such date. 6% interest will be char latest published price schedules. maelf to be duty authorized to sign this order for well or the service of the service of	id Service has made no repret ing or treating said well. The o ged after 60 days. Total charg	uentation, expressed or onsideration of said service or		
S ORDER MUST FORE WORK IS				Ву		
		Well Owner or Open	etor	UNIT	Agent	
CODE	QUANTITY	DESCRIP	TION	COST		MOUNT
20.1002	20	60/40 Poz 2% Gel		\$11.25		\$225.0
20.1004	1	Add. Gel after 2% Per Sack		\$24.00		\$24.0
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	· · · · · ·		10 PM			
			70			
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		<u> </u>			<del></del>	·
					<del></del>	
		Bulk Charge				<u> </u>
		Bulk Truck Miles			_+_	<del> </del>
		Process License Fee on		Gallons		
			. <u>T</u> C	OTAL BILLING		\$249
manner un	der the directi	naterial has been accepted and used; that ion, supervision and control of the owner	t the above service operator or his ager	was performed in a good a nt, whose signature appea	and workm irs below.	anlike
Copeland F	Representativ	e GREG C.		MOV		
			TERRY B	ANDY		
Station G	В		TEINITE	Well Owner, Operator	or Agent	