

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



FIELD ORDER N^o C 47772

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

DATE July 22 2021

IS AUTHORIZED BY: Gessel Oil Field Service
(NAME OF CUSTOMER)

Address _____ City _____ State _____

To Treat Well As Follows: Lease Wright Well No. B1 Customer Order No. _____

Sec. Twp. Range _____ County Sumner State Ks

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.

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 |
|------|-------------------|---|-----------|--------------------|
| | 1 | Pump Chgs for Plus Job | | 6050 ⁰⁰ |
| | 50 sacks | Class A Com @ 13 ⁴⁵ /sack | | 662 ⁵⁰ |
| | 3 Bags | Calcium Chloride @ 40 ⁰⁰ /bag | | 120 ⁰⁰ |
| | 150 ⁰⁰ | Hulls @ 40 ⁰⁰ /lb | | 60 ⁰⁰ |
| | 125 sacks | 60-40-4% Poz @ 11 ⁴⁷ /sack | | 1433 ⁷⁵ |
| | 25 miles | 1 way mileage from prior job @ 4 ⁰⁰ /miles | | 100 ⁰⁰ |
| | 175 sacks | Bulk Charge @ 1 ²⁵ /sack | | 218 ⁷⁵ |
| | 628 | Bulk Truck Miles @ 1 ¹⁰ /Ton mile | | 690 ⁸⁰ |
| | | Process License Fee on _____ Gallons | | |
| | | 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 control of the owner, operator or his agent, whose signature appears below.

Copeland Representative [Signature]

Station Burton

Well Owner, Operator or Agent _____

Remarks Pay out 2:30

NET 30 DAYS

TREATMENT REPORT

Acid Stage No. RS

Date 7/22/21 District Breaux F. O. No. _____
 Company G. Russell O. I
 Well Name & No. Wright B1
 Location _____ Field _____
 County Sumner State Ks

Casing: Size 5 1/2 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: Yes/No _____ Perforated from _____ ft. to _____ ft.
 Tubing: Size & Wt. _____ Swung at _____ ft.
 Perforated from _____ ft. to _____ ft.
 Open Hole Size _____ T. D. _____ ft. P. B. to _____ ft.

Type Treatment: Amt. _____ Type Fluid _____ Sand Size _____ Pounds of Sand _____
 Bkdown: _____ Bbl./Gal. _____
 _____ Bbl./Gal. _____
 _____ Bbl./Gal. _____
 Flush: _____ Bbl./Gal. _____
 Treated from _____ ft. to _____ ft. No. ft. _____
 from _____ ft. to _____ ft. No. ft. _____
 from _____ ft. to _____ ft. No. ft. _____
 Actual Volume of Oil/Water to Load Hole: _____ Bbl./Gal.
 Pump Trucks No. Used: Std. 323 Sp. _____ Twin _____
 Auxiliary Equipment Bin k 322 JT 131
 Packer: _____ Set at _____ ft.
 Auxiliary Tools _____
 Plugging or Sealing Materials: Type 50 conc 125 Pz
1500# Hulls (Gals. _____) (lb. _____)

Company Representative _____ Treater Greg R

| TIME a.m / p.m. | PRESSURES | | Total Fluid Pumped | REMARKS |
|--------------------|-----------|--------|-----------------------|---|
| | Tubing | Casing | | |
| 9:30 | | | | On loc TSA Rin up to mix cement |
| : | | | 0 | Start water to load of est Perte |
| : | | | 3 Bbl | Break circ on 53 Mix up Calcium Chloride water |
| 9:47 | | | 0 | Start mixing cement Hot Ply add 50# Hulls to mix |
| 9:55 | | | 12 Bbl | Mixed 50 sacks and wash up and down hole |
| : | | | 26 | 14 Bbl flush Release let fall back way out |
| : | | | | still circulating oil out while cement fall |
| 10:- | | | | Stop flowing oil back up hook & pull plug up |
| : | | | | 20 sacks Rin up wire line & run |
| 11:00 | | | | Try soft cement 3275' |
| : | | | | Pull plug out |
| 1:15 | | | | Break add can head |
| : | | | 0 | lie on 53 & start water to load |
| 1:25 | | | 16 Bbl | Can loaded pressured up 350 + Hold call State |
| : | | | | Rin up wire line and get 53 320' |
| : | | | 3 Bbl | lie back on 53 Break circ |
| : | | | 0 | Start mix and go down hole 60-40-40 Pz |
| : | | | 8 Bbl | Start add hulls |
| : | | | 30 Bbl | 125 sacks 100# Hulls and good cement to surface Wash up |
| 2:30 | | | | Rin up left location |