KOLAR Document ID: 1570115

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 Wes						
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 #: Date Well Completed: The plugging proposal was approved on: (Date)						
ENHR Permit #:	Gas Sto	rage Permit #:								
Is ACO-1 filed? Yes	No If not, is well	log attached? Yes								
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		Plugging Commenced: Plugging Completed:						
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	ng Record (Surface, Conductor & Production)						
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 #: N										
Address 1: Address					s 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)					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

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

Page: 1 Invoice

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

(620) 793-3366

INVOICE NUMBER: C47761-IN

BILL TO:

CARMEN SCHMITT, INC. **PO BOX 47** GREAT BEND, KS 67530 LEASE: TOM 1 INJ

DATE	ORDER	SALESMAN	ORDER DATE	PURCHASE ORD	ER	SPECIAL INSTRUCTIONS		
07/13/2021	47761		07/13/2021	TOM 1 INJ		N	ET 30	
QUANTITY	U/M	ITEM NO./DESCRIPTION		[D/C	PRICE	EXTENSION	
1.00	EA	PUMP CHARGE	PUMP CHARGE FOR PLUGGING			650.00	650.00	
175.00	SK	60/40 POZ MIX 2	% GEL		0.00	11.47	2,007.25	
100.00	LB	COTTONSEED H	HULLS		0.00	0.40	40.00	
25.00	MI	MILEAGE CEME	NT PUMP TRUCK		0.00	4.00	100.00	
175.00	EA	BULK CHARGE	BULK CHARGE			1.25	218.75	
385.00	MI	BULK TRUCK - T	BULK TRUCK - TON MILES 0.0				423.50	
REMIT TO: P.O. BOX 4	I		7/9/43 leli32.000/ Dell Alle ement to Mus			Net Invoice:	3,439.50	
HAYSVILLE, KS 67060		FUEL SURCHARGE IS NOT TAXABLE AND IS ADDED TO MILEAGE, PUMP AND OR DELIVERY CHARGES ONLY.			EDWC	257.96 3,697.46		
RECEIVED BY		1	NET 30 DAYS			терероди		



FIELD ORDER Nº C 47761

BOX 438 • HAYSVILLE, KANSAS 67060

		31	6-524-1225	2 115720		2021	
		O - O 1 1		DATE JULY 8		20.051	
IS AUTHOR	IZED BY:	Carsmon Schmitz	IAME OF CUSTOMER)			· · · · · · · · · · · · · · · · · · ·	
Address					State		
To Treat We As Follows:	II Lease	ionw	'ell No. 1 1 hig	Customer C	Order No		
Sec. Twp. Range				els		<i>1</i>)	
not to be held mplied, and no reatment is pa our involcing d The unders	liable for any da o representations yable. There wi epartment in acc	consideration hereof it is agreed that Copelar nage that may accrue in connection with said have been relied on, as to what may be the beno discount allowed subsequent to such cordance with latest published price schedules himself to be duly authorized to sign this orce.	d service or treatmer results or effect of th date. 6% interest wii s.	nt. Copeland Acid Service has ne servicing or treating said wel If be charged after 60 days. To	made no repre 1. The conside	sentation, expressed tration of said service	
	(IS COMMENCED	Well Owner or Ope	erator	By	Agent		
0005	OLIANITITY				UNIT	AMOUNT	
CODE	QUANTITY ,		ESCRIPTION		COST	AMOUNT	
		Purp chy to plu	C 10 1 57/	1		050 25	
	17555	1. 60-40-42 Poz	201121 5	Field		700,1	
	100*	Hulls 409 LL.	- ^			170	
	So inly	I way mily from Gree	or Bead Sp	I'm 2 wells		100 ==	
		<i>y</i> 1					
····							
	175 miles	Bulk Charge \25 Sick				218 75	
	385 m	Bulk Truck Miles 16/ to- mi	Le			423 50	
		Process License Fee on		Gallons			
				TOTAL BILLING			
manner	under the dire	material has been accepted and us ction, supervision and control of the					
Copeland	l Representati	e	······································				
Station	Bul	HAON.	·····	Well Owner, Operato	or or Agent		
Remarks	3:	50 Plu aws.		1100 Owner, Operate	, or ngont		
		NI	T 30 DAVS	· · · · · · · · · · · · · · · · · · ·			



TREATMENT REPORT

Acid Store No PCT

					Type Treatment: An	nt.	Type Fluid	Sand Size	Pounds of Sand		
18/100	21 0	Server Buse	r . c	. No	Bkdown	Bbjl. /Gal		******	***************************************		
Company Cram Shomat					Bbl. /Gal		******	*******			
Well Name & No Tom # 1 loi					Bbl. /Gal						
		<i>a</i>	\ .		į.	Bbl. /Gal		**********************************	***************************************		
Location Pield. County Edwisds States						Bbl. /Cal			***************************************		
					Treated from	ft. (o	ft. No. 1	rt		
Cualnu: Sixe		Type & Wt		Set atft.	from	ft. 1	o	ft. No. 1	ft		
				to	1	ft, t	o	ft. No. 1	ft		
				to			• .				
				to	Actual Volume of Oll						
				. Bottom #tft.	Pump Trucks. No. U	ed: 81d. 32.3	8թ	Tw	vln		
				ft. toft.		· · · · · · · · · · · · · · · · · · ·		••••••••••			
	•			ft.	E .			Set ut	ft.		
				tt.	Auxiliary Tools	*********		•••••	,		
······································					Plugging or Scaling M	iaterials: Type	,				
then Hole Six	P	T.D.	rt. P.1	3, toft.			.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		tb.		
					1	VA A					
Commany F	lepresentativ	ve			_ Treater	~ YLY					
TIME		SURES	Total Fluid		,	REMARK	1				
a.m /p.m.	Tubing	Casing	Pumped				·				
17: 30				Kin no	Bulle TR	ent sem	- Beck	to Reloca	<u>d, </u>		
;				white	CIBP.	i Rec.					
S3: L			0	Per Sect 1	4000 Tie	or 53	to Ear	Perti			
:		500	2881	Mound 3	18 Ptmc3	500*			~~~~		
S. 36	l			Bulk +	people back	0- 1-00	20 S2	AL MIX	<u> </u>		
:				Physical bo	open up to	Wice Wind	n clooks	Carret Cornet	<i>P</i> <		
3-60			5	Sour Ove	a some chow	- Viole	6 xim	Decela	162		
:		hit Dis	(5 RB)	scar addi-	White # 400 "	to Sul		3.8 B(0)	- HDO		
;			060%	Book to	Dreamon Col	7-110-11c	20/02				
:			1360	Water W	o galdon	w Dale					
2:20		350	WERR	Contra	4 OELE 1	53×50	0000 1	<u>517 10</u>	()		
3:40		25*		Pielaro	west water	F15051-2	<u> Lod'</u>	Soprill St	elo m		
:				1587 34C) - Ti- 0 0			lint			
:		150		かりち ちょん		2118	10 32)-t=			
:			0	のよう ラシ	the go do	NIN MALE					
:			30 BBL	195 Sache	Josep Come	4-1- 40 B	Mélàne	-}			
:				Short 1-b	oth space	Krech é	in the	sh vy	······································		
4:30				Kerela mo	PETT FERMA	in a			**************************************		
:				•				·			
-:								······································			
:									<u> </u>		
	 			· · · · · · · · · · · · · · · · · · ·				<u> </u>			
:											
:											
		ļ									
-:-											
		1									
- :				<u> </u>							
- :		 									
<u> </u>	······································			 							
-:-		 									
		 					····				
					· · · · · · · · · · · · · · · · · · ·						