KOLAR Document ID: 1595719

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 #:			AP	I No. 15						
Name:				Spot Description:						
Address 1:				Sec Twp S. R East Wes						
Address 2:			_	Feet from North / South Line of Section Feet from East / West Line of Section						
City:	State:	Zip:+	_							
Contact Person:			Foo	Footages Calculated from Nearest Outside Section Corner:						
Phone: ()										
ENHR Permit #:	Other: Gas St	SWD Permit #:	Lea	County: Well #: Date Well Completed:						
		ell log attached? Yes	No The	e plugging proposal w	vas approved on: (Date)					
Producing Formation(s): List	•	,			(KCC District Agent's Name)					
		rom: T.D	I Plu	gging Commenced:_						
Depth t		rom: T.D	Plu	gging Completed:						
Depth to	o Top: Bott	om:T.D								
Show depth and thickness of	all water, oil and gas forn	nations.	'							
Oil, Gas or Wate	r Records		Casing Recor	rd (Surface, Conductor	& Production)					
Formation	Content	Casing	Size	Setting Dep	th Pulled Out					
Describe in detail the manne cement or other plugs were u		-			r methods used in introducing it into the hole. If					
Plugging Contractor License #: N										
Address 1:			Address 2:							
City:			Sta	te:						
Phone: ()										
Name of Party Responsible for	or Plugging Fees:									
State of	County,		, ss	S.						
	(Print Name)			Employee of Ope	rator 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

Invoice

Page: 1

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

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

INVOICE NUMBER: C60426-IN

BILL TO:

CARMEN SCHMITT, INC. **PO BOX 47 GREAT BEND, KS 67530** **LEASE: NEW WELL PFAFF #1**

DATE	ORDER	SALESMAN	ORDER DATE	PURCHASE ORDER	SPECIAL	SPECIAL INSTRUCTIONS			
10/25/2021	60426 U/M		10/19/2021	NEW WELL PFAFF#	1	NET 30			
QUANTITY		ITEM NO./DESCRIPTION			PRICE	EXTENSION			
		NEW WELL			•				
50.00	МІ	MILEAGE CEMENT PUMP TRUCK			0 4.00	200.00			
1.00	EΑ	PUMP CHARGE	ROTAR PLUG	0.0	0 1,100.00	1,100.00			
230.00	sĸ	60/40 POZ MIX 2	% GEL	0.0	0 11.25	2,587.50			
5.00	SK	2% ADDITIONAL	2% ADDITIONAL GEL			120.00			
58.00	LB	CELLO-FLAKES	CELLO-FLAKES			174.00			
1.00	EA	8 5/8 WOOD PL	8 5/8 WOOD PLUG			65.00			
237.00	EA	BULK CHARGE		0.0	0 1.25	296.25			
521.40 MI		BULK TRUCK - TON MILES			0 1.10	573.54			
		130° S	710/43 1910.0001 Dell Ala Jurbace Cerner	11-					
REMIT TO: P.O. BOX 438 HAYSVILI.E, KS 67060		COP FUEL SURCHARGE IS NOT TAXABLE AND IS ADDED TO		I	Net Invoice: ODCO Sales Tax:	5,116.29 212.10			
		MILEAGE, PUMP AND OR DELIVERY CHARGES ONLY.			Invoice Total:				
RECEIVED BY			NET 30 DAYS						



Acid &	Ceme	316-524							
			DATE	19-Oct 20 21					
IS AUTHORIZE	D BY: CAF	MEN SCHMITT INC (NAME OF CU	ISTOMERI						
Address			State	KS					
TO TREAT WE									
AS FOLLOWS		FF Well No. 1	Customer Order No.						
Sec. Twp.									
Range 21-23-2	4W	County HODI	GEMAN State	KS					
be held liable for any da implied, and no represe treatment is payable. To our involcing dapartmen	amage that may accordations have been a nere will be no disco- with accordance with ined represents his	thereof it is agreed that Copetand Acid is to service or treat at owners risk, the hise in connection with said service or treatment. Copeland Acid Service has made alied on, as to what may be the results or effect of the servicing or treating said with allowed subsequent to such date. 6% interest will be charged after 60 days. It satisfy published price schedules miself to be duly authorized to sign this order for well owner or operator	e no representation, expressed or well. The consideration of said service or lotal changes are subject to correction by						
BEFORE WORK IS	COMMENCED	Well Owner or Operator	8y	Agent					
CODE	QUANTITY	DESCRIPTION	UNIT COST	AMOUNT					
20.0002	50	Mileage P.T.	\$4.00	\$200.00					
20.0006	1	Pump Charge Rotary Plug	\$1,100.00	\$1,100.00					
20.1002	230	60/40 Poz 2% Gel	\$11.25	\$2,587.50					
20.1004	5	Add. Gel after 2% Per Sack	\$24.00	\$120.00					
20.1013	58	Celloflake per lb.	\$3.00	\$174.00					
20.202	1	8 5/8" Wood Plug	\$65.00	\$66.00					
			· · · · · · · · · · · · · · · · · · ·						
 									
		7 2							
20.0011	237	Bulk Charge	\$1.25	\$296.25					
20.0012	521.4		\$1.10	\$573.54					
		Process License Fee on	Gallons						
			TOTAL BILLING	\$ 5,116.29					
-		terial has been accepted and used; that the above send, supervision and control of the owner,operator or his	•						
Copeland Ro	epresentative	GREG C							
Station GE	3	MAT	MATT SUCHY						
			Well Owner, Operator or Ag	ent					
Remarks									



TREATMENT REPORT

Acid & Cement 🕮						Acid Stage No.						
					Type Treatment:	; Amt.		Type Fluid	Sand Size	Po	ounds of Sand	
Date 1	D/19/2021 D	istrict GB	F.O. N	10. <u>C60426</u>	Bkdown		Bbl./Gal.					
Company	CARMEN SCH	MITT		_ <u> </u>	<u> </u>							
Well Nami	& No. PFAFF #	1										
Location	21-7	23-24W	Field		1							
County	HODGEMAN		State KS		Flush		Bbl./Gal.					
		· -			Treated from			ft. to	ft.	No. ft.	0	
Casing:	Size	Type & Wt.		Set atft.				ft. to		No. ft.	0	
Formation	:		Perf.	to	from			ft. to	ft.	No, ft.	0	
Formation	:		Perf	to	Actual Volume o	of Oil / Water				•	Bbl./Gal.	
Formation		•		to						•		
Liner: Si		WL		Bottom atfL	Pump Trucks.	No. Used:	Std.	320 Sp.		Twin		
,					Auxiliary Equipm				327	_ ~		
	Size & Wt.				Personnel GRE		CE					
	Perforated for		ft. to		Auxiliary Tools			_			.	
		-			Plugging or Seall	ing Materials	: Туре	60/40 4	% GEL 1/4LI	B/SK CELI	OFLAKE	
Open Hole	Size	T.D.	ft, P		I .	-	.,	<u> </u>		j		
					<u></u>							
Company	Representative		MATT SU	CHY	Treater			GR	EG C.			
TIME		SURES	1						-	•		
e.m./p.m.	Tubing	Casing	Total Fluid Pumped				REMAI	RKS				
10:00				ON LOCATION		<u></u>						
	_									•		
	-		 	PUMP 50 SKS @	1600'							
			 									
			 	PUMP 80 SKS @	750'	-	_		-			
					<u> </u>							
			 	PUMP 50 SKS @	275'			•				
		<u> </u>	 	- O.M. 22 3.43 G								
<u> </u>	<u></u>	<u>. </u>	 	PUMP 20 SKS @	60' WITH	85/8 V	VOOD	PILIG				
 	· · · ·	<u> </u>	 	1 OWN 20 3K3 @	00 991111	0 3/0 1	1000	1 200			<u></u>	
-		 	 	PLUG RATHOLE	WITH 20 C	. KC			_			
		 	 	PLOG KATHOLE	WIII	3K3						
2.00			 	JOB COMPLETE								
2:00			[JOB COMPLETE								
			<u> </u>	THANK VOLUM								
		ļ	 	THANK YOU!!!								
			ļ		<u> </u>							
											···-	
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								-	_			
						-						