KOLAR Document ID: 1638425

**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 #:			l APIN	o. 15 -					
				API No. 15 Spot Description:					
Address 1:				SecTwp S. R East West					
				Feet from South Line of Section  Feet from East / West Line of Section					
City:	State:								
		·		ges Calculated from Near	est Outside Section Corner:				
Phone: ( )				NE NW	SE SW				
Type of Well: (Check one) Use Water Supply Well Supply	Other: Gas S  No If not, is w  All (If needed attach anoth	Storage Permit #:	Lease Date V No The pl	County: Well #: Well #: Date Well Completed: (Date) by: (KCC District Agent's Name)  Plugging Commenced:					
Depth to	o Top: Bot	tom: T.D	1 00	•					
Depth to	o Top: Bot	tom:T.D		ing Completed.					
Show depth and thickness of	all water, oil and gas for	mations.							
Oil, Gas or Wate				Casing Record (Surface, Conductor & Production)					
Formation	Content	Casing	Size	Setting Depth	Pulled Out				
		gged, indicating where the mu of same depth placed from (bu			ds used in introducing it into the hole. If				
Plugging Contractor License #: Na				4					
Address 1: Address									
City:		State:		Zip:+					
Phone: ( )									
Name of Party Responsible for	or Plugging Fees:								
State of	County	,	, SS.						
			Employee 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.

**COPELAND** 

Acid & Cement

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

Invoice

LEASE: GIFFORD #5

Page: 1

BURRTON, KS 6 GREAT BEND, KS (620) 463-5161 FAX (620) 463-2104

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

INVOICE NUMBER: C47925-IN

BILL TO:

**BUFFALO OIL CO., LLC** PO BOX 6 **OXFORD, KS 67119** 

DATE ORDER		SALESMAN ORDER DATE PURG		PURCHASE C	RDER	SPECIAL INSTRUCTIONS		
03/23/2022	47925	Burgs at July	03/17/2022	GIFFORD #55		NE	NET 30	
QUANTITY	U/M	ITEM NO./DESCRIPTION			D/C	PRICE	EXTENSION	
1.00	EA	PUMP CHARGE	PUMP CHARGE PLUG JOB			700.00	700.00	
122.00	SK	COMMON CEMI	ENT		0.00	16.25	1,982.50	
105.00	SK	60/40 POZ MIX	4% GEL		0.00	13.51	1,418.55	
5.00	SK	CALCIUM CHLC	RIDE		0.00	42.00	210.00	
200.00	LB	COTTONSEED	HULLS		0.00	0.50	100.00	
65.00	МІ	MILEAGE CEME	ENT PUMP TRUCK		0.00	4.50	292.50	
227.00	EA	BULK CHARGE	BULK CHARGE			1.25	283.75	
673.01	МІ	BULK TRUCK -	TON MILES		0.00	1.10	740.31	
				TERED 28-22				
REMIT TO: P.O. BOX 438 HAYSVILLE, KS 67060 RECEIVED BY			COB SE IS NOT TAXABLE ANI AND OR DELIVERY CH		SUMCC	Net Invoice:  Sales Tax: Invoice Total:	5,727.6 429.5 <b>6,157.1</b> 8	
		NET 30 DAYS			1			

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A PORTON CONTRACTOR

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## #K M.1



## FIELD ORDER Nº C 47925

BOX 438 • HAYSVILLE, KANSAS 67060

County Sulty			316	-524-1225	O- \	. ~	0.0
Address  Correct Well as Follows: Lease College Well No. 5 Customer Order No. Sec. Two. Range County Subsect State Sec. Two. Range County Subsect State Sec. Two. Range County Subsect Sec. Two. Range Sec. Two. Range County Subsect Sec. Range Sec. Two. Range Sec. Two. Range Sec. Two. Range Sec. Two. Range Sec. Ran					DATE March	1,7	20 3
Address  Correct Well as Follows: Lease College Well No. 5 Customer Order No. Sec. Two. Range County Subsect State Sec. Two. Range County Subsect State Sec. Two. Range County Subsect Sec. Two. Range Sec. Two. Range County Subsect Sec. Range Sec. Two. Range Sec. Two. Range Sec. Two. Range Sec. Two. Range Sec. Ran	IS AUTHORI	ZED BY:	Butalo O.14 Gas	ME OF CUSTOMERY			
Well No. 5  Country Submeror Order No.  State 4  Country Submeror State 5  Country Submeror Stat						State	
County Sulty							
not to be hald liable for any damage that may accrue in connection with said service or treatment. Copeland Acid Sarrice has made no representation, expressed or manifold, and no representations have been relied on, as to what may be the results or effect of the servicing of streating as at well. The consideration of said service or treatment is payable. There will be no discontration with liable probability of the contract of the service of probability. The underlighted manifold is a service of the service of service will be not contracted to start of the service of service o	Sec. Twp. Range	···	Cou	unty Sumbou		_ State	<b></b>
SEFORE WORK IS COMMENCED  Well Owner or Operator  DESCRIPTION  CODE  QUANTITY  DESCRIPTION  DESCRIPTION  LINIT  COST  AMOUNT  AMOUNT  DESCRIPTION  LINIT  COST  AMOUNT  DESCRIPTION  LINIT  COST  AMOUNT  DESCRIPTION  LINIT  DESCRIPT  DESCRIPTION  LINIT  DESCRIPT  DESCRIPT  LINIT  DESCRIPT  DESCRIPT  LINIT  DESCRIPT	not to be held I implied, and no treatment is pay our invoicing de	lable for any dar representations yable. There will epartment in acc	nage that may accrue in connection with said s have been relied on, as to what may be the re- be no discount allowed subsequent to such da ordance with latest published price schedules.	service or treatment. Consults or effect of the ser ate. 6% interest will be o	opeland Acid Service has vicing or treating said wel charged after 60 days. To	made no repres	sentation, expressed or ration of said service or
CODE QUANTITY  DESCRIPTION  UNIT COST  AMOUNT  1920  1			Well Owner or Opera	ator	Ву	Agent	
Remark Class Al Com less and l	0005	CHANTITY					AMOLINT
Total Bulk Charge  Bulk Charge  Process License Fee on	CODE	QUANTITY	0 ) 0	SORIFTION		COST	NIVICOINI
Total Bulk Charge  Bulk Charge  Process License Fee on		1	timp chy	Job			100
Soft Halls 509 H		19022	Class H Com	7 cack.			1982
Bulk Charge  Bulk Charge  Bulk Truck Miles  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  Well Owner, Operator or Agent		1050	- 60-40-14-6 Poz	15 / Back	<b>3</b>		1418
Bulk Charge  Bulk Charge  Bulk Truck Miles  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  Well Owner, Operator or Agent		5 By	CATCHES CONTRACTOR	40 / Brile	-		910
Bulk Charge  Bulk Charge  Bulk Truck Miles  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  Well Owner, Operator or Agent	··	2007	Hulls 504 lb:		2/		100 9
Bulk Truck Miles  Process License Fee on		45 mil	I man burb sour	with Az	7		32
Bulk Truck Miles  Process License Fee on							
Bulk Truck Miles  Process License Fee on							
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Bulk Truck Miles  Process License Fee on			(2.0K)				75
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  Station  Well Owner, Operator or Agent			Bulk Charge	·			283
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  Station  Well Owner, Operator or Agent		673"	Bulk Truck Miles / Tow M				740=
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  Station  Well Owner, Operator or Agent			Process License Fee on				<del> </del>
Copeland Representative  Station  Well Owner, Operator or Agent  Well Owner, Operator or Agent				·	TOTAL BILLING		
Well Owner, Operator or Agent	manner	under the dire	ction, supervision and control of the	ed; that the above s owner, operator or	service was performe his agent, whose sig	ed in a good Inature appe	and workmanlike ars below.
Remarks Thy out 5:15	Station Remarks	<b>1</b> 500	Plu our 3:15		Well Owner, Operato	or or Agent	



## TREATMENT REPORT

Acid Stage No. 93

					Type Treatment: A	l mt	Type Fluid	Sand Size	Pounds of Saud
2/19/	22 2	atrice Buss	~~~ <b>E</b> .0	). No	Bkdown				
Company Company						Bbl. /Gal			***************************************
Well Name &	no Gil Re	el#5			•••••	Bbl. /Gal			***************************************
Location			Field			•	••••••••••••		
CountyS	100m		State			•			
	. 1				Treated from				
Cusing: Size				Set atft.	1		to		
				to	from		to	ft. No. 1	<u>!t</u>
				<b>to</b>	Actual Volume of O	H/Water to Load	Hole:	<b>.</b>	Bbl /Gal.
				to	Pump Trucks. No.	323	<b>&gt;</b>	•	
				. Bottom atft.	Auxiliary Equipmen	. Bulk 32	<u></u>	1 W	/I <b>II</b>
				ft. toft.	Packer:				
				n.	Auvillary Tools				
Per	torated from	-		_	Plugging or Sealing	Materials: Type.	1953 From C	m 105	60-404312
thun Vole Six	•	T.D		s. to	5 By CC	900± H	mlle		lb.
THE TOTAL					0	· • • • • • • • • • • • • • • • • • • •	<u> </u>		
Company 1	Representativ	·e			_ Treater	12 14			
TIME		SURES	Total Fluid			REMARK	, :8		
a.m /p.m.	Tubing	Casing	Pumped						
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:			3.801	Art Olive	a top or	4 7 to	wy por	( now my	2500
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:		<u> </u>	13687	50 sack	with topics	AND SAME	$400$ ) m $\alpha$	bost cre	NON hole
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12:30			<i>\( \rightarrow\)</i>	- Tien Con 4	3 Paral	water	<del></del>		<del></del>
19:25		150	3-884	1000 100	Demo 32	320m	150th		
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