KOLAR Document ID: 1648939

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 #:			I APIN	lo. 15 -				
			I	Description:				
Address 1:					wp S. R East West			
				Feet from				
City:	State:	Zip: +		Feet from				
Contact Person:		· 	Foota	ges Calculated from Near	est Outside Section Corner:			
Phone: ()				NE NW	SE SW			
	Other: Gas	OG D&A Cathoo SWD Permit #: Storage Permit #:	Lease	Name:	Well #:			
Is ACO-1 filed? Yes	No If not, is w	vell log attached? Yes	No The p	lugging proposal was app	roved on: (Date)			
Producing Formation(s): List A	•	*	I '		(KCC District Agent's Name)			
Depth to	•	ttom: T.D	Plugg	ing Commenced:				
Depth to Top: Bottom: T.D				ing Completed:				
Depth to	Тор: Во	ttom:T.D						
Show depth and thickness of a	all water, oil and gas for	mations.						
Oil, Gas or Water	Records		Casing Record (g Record (Surface, Conductor & Production)				
Formation	Content	Casing	Size	Setting Depth	Pulled Out			
	•	of same depth placed from (bo	•		ods used in introducing it into the hole. If			
Plugging Contractor License #	t:		Name:					
Address 1:			Address 2:					
City:			State:		Zip:++			
Phone: ()								
Name of Party Responsible fo	r Plugging Fees:							
State of	County	<i>y</i> ,	, ss.					
	(Print Name	1		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.

Invoice



Date	Invoice #
5/9/2022	7550

Bill To	
YOUNGER ENERGY CO 9415 E HARRY STE 403 WICHITA, KS 67207	

Job Info	
Strecker "B" #4 Russell County, KS Sec 36-14S-14W Field Ticket #6434	6# <i>A</i>

P.O. No. Terms
Net 30

Quantity	Description		Amount
(b) {1 (c) {1 (c) {6	Service Charge Dump Bailer w/sack of cement - 1st Run Dump Bailer w/sack of cement - 2nd Run Set Solid Bridge Plug 5 1/2 - each Min Charge 4" Expendable 10 Jets - per job Add Jet 4" Expendable - each Total Charges for Service Cased Hole - Discount (a) PlugSin, lost / (mn+ plugs, pu+ to PoA (b) PlugSin, lost / (mn+ plugs, pu+ to PoA (c) Ww / Set (1BP @ 2900' (5-9-22))		500.00 300.00 200.00 1,550.00 216.00 4,316.00 \5^\} -647.40
Please remit to above a	ddress	T	

Please remit to above address.

Total \$3,668.60

(Opi to pay)

OR



Please Remit To: P.O. Box 549 Hays, KS 67601

Phone: (785) 628-6395 Fax: (785) 628-3651

FIELD TI	CKET	No.	5-00-	22.	6434
----------	------	-----	-------	-----	------

DATE CO- DRO-DI

UNIT#___*48.18*

INVOICE NO.		P.O. NO.				AFE NO.			
	er Energy	LEASE S 7	LEASE STrecker 'B" #4/WELL NO.						
ADDRESS)		FIELD Hall-Gyrney STATE ICS COUNTY RUSSE						
				45-14		• • •			
CITY				111 45		TBG. SIZE			
STATE	ZIP			1- Per					
ORDERED BY		TITLE		,		SERVICE SUPV.			
PART NO.	DESCRIPT	ION	REV. CODE	QTY.	UNIT PRICE	AMOUNT			
	Servicech	harae				500			
	2 sx Cemer	17							
	Dump Bo	iler		3080		.300	=		
	52 CIBP)		29001		1550	_		
	2sx Cemen					, ,			
	Dymp Baile			2900'		200			
	min she			16		1550			
4" exp	2318-23	222	444	1.65		216	_		
			, ,				<u> </u>		
							\vdash		
							_		
CALLED OUT	ON LOCATION	COMPLETED	TOTA	AL SERVICE &	L MATERIALS	4316	_		
Time	Time	Ttr	ne	•	DISCOUNT	647	40		
Date	Date	Da	ite		TAX				
*ACCIDENT REPORT MUST BE ATTA	CHED WHEN NOT SIGNED			тот/	AL CHARGES	3668	60		
WITH MY INITIALS, I CONFIRM	THAT THE TIME SHOWN IN THE LY REFLECTS MY COMPENSABLE TIME								
Employee Name (Print)	Hours	Initials							
Thomaso	n 2								
Fischer									
CUSTOMER AGREES to pay (the	"Company") on a net 45 day basis from	n date of invoice to avoid	loss of discour	11. Invoices older	then 45 days are su	ibject to loss of discount	on		

CUSTOMER AGRIEES to pay (the "Company") on a new 45 day basis from date of invoice to avoid loss of discount. Invoices of the timen 45 days are subject to loss of discount of ticket. If Customer disputes any item invoiced, Customer shall, within 20 days after receipt, notify the Company of the item(s) disputed, specifying the reason(s) therefor; payment of the disputed item(s) may be withheld until settlement of dispute, but payment of undisputed portion of invoice shall be made without delay. All payments shall be made at the address shown on the reverse side of this document. In the absence of a separate written contract, CUSTOMER REPRESENTATIVE REPRESENTS AND WARRANTS THAT HEISHE IS AUTHORIZED TO ENTER INTO THIS AGREEMENT ON BEHALF OF CUSTOMER AND ACCEPTS ALL TERMS AND CONDITIONS AS PRINTED ON THE REVERSE SIDE OF THIS DOCUMENT (WHICH INCLUDES INDEMNITY LANGUAGE THAT ALLOCATES RISKS RELATED TO THE ABOVE DESCRIBED SERVICES). Pricing and extensions, if shown above, are subject to verification and correction at time of invoicing.

CUSTOMER REPRESENTATIVE

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: C70489-IN

BILL TO:

YOUNGER ENERGY CO. 9415 E HARRY ST **BLDG 400 STE 403** WICHITA, KS 67207-5083 LEASE: STRECKER ##4

DATE	ORDER	SALESMAN	ORDER DATE	PURCHASE O	RDER	NSTRUCTIONS		
05/19/2022	70489	05/13/2022 STRECKER P		#4	1	NET 30		
QUANTITY	U/M	ITEM NO./DE	SCRIPTION		D/C	PRICE	EXTENSION	
35.00	МІ	MILEAGE CEME	NT PUMP TRUCK		0.00	4.50	157.50	
1.00	EA	PUMP CHARGE	PLUG		0.00	700.00	700.00	
420.00	SK	60/40 POZ MIX 2	% GEL		0.00	13.00	5,460.00	
8.00	sĸ	2% ADDITIONAL	GEL		0.00	25.25	202.00	
8.00	sĸ	GEL ON THE SID	DΕ		0.00	25.25	202.00	
100.00	LB	COTTONSEED H	IULLS		0.00	0.50	50.00	
436.00	EA	BULK CHARGE			0.00	1.25	545.00	
646.00	мі	BULK TRUCK - T	BULK TRUCK - TON MILES			1.10	710.60	
REMIT TO:			COP			Net Invoice:	8,027.10	
P.O. BOX		ELIEL CLIDCHADCE	E IS NOT TAXABLE AND I	S ADDED TO	RULO		8,027.10 682.30	
HAYSVILLE, KS 67060			AND OR DELIVERY CHAR		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Invoice Total:	8,709.40	
RECEIVED BY		1	NET 30 DAYS					



	& Cemen	MEM		TREATM	MENT REPOR	Γ			Acid Sta	ige No). 		
_	(an (2002)	CP.		70/89	Type Treatment:	Amt.		Туре	Fluid Sand		Po	unds of Sand	1
			F.O. N	10. 70403	DKG0WII								
-	YOUNGER EN												
	& No. STRECKE	:K P-4			-								
Location			field		Flush								
County	RICE		State KS		-						No. ft.	0	
					Treated from								
Casing:				Set at ft.	_						No. ft.		
Formation:			Perf.	to	from			ft. to		ft.	No, ft.		
Formation:			Perf	to	Actual Volume of	Oll / Water	to Load H	iole:				Bbl./G	al.
Formation:			Perf.	to									
			Top atft.		Pump Trucks.	No. Used:	Std.	320	Sp		Twin		
					. Auxiliary Equipme	nt							
	h		Swung at		Personnel TIM 8	3OF						_	
ruumg.			ft. to		. Auxiliary Tools								
	7 21151616				Plugging or Sealin	g Materials	: Type						
Open Hole	Size	T.D.	ft. P	.B. toft			,,			Gals.		lb.	
Company I	Representative				Treater				TIM DETTER				
TIME	PRES	SURES	Total Fluid Pumped				REM/	ARKS.					
a.m./p.m.	Tubing	Casing	total Fidio Fullipeu							_			
				ON LOCATION \	N/ 450 SKS	60/40	POZ 2	2% GEL					

TIME	PRESSURES		Total Fluid Pumped	REMARKS			
ı.m./p.m	Tubing Casing						
				ON LOCATION W/ 450 SKS 60/40 POZ 2% GEL			
				100# HULLS & 8 BAGS OF GEL ON THE SIDE			
				1ST PLUG @ 2275' MIX 8 BAGS OF GEL AND 50 SKS CEMENT & 50# HULLS			
				2ND PLUG @ 1400' MIX 125 SKS OF CEMENT & 50# HULLS			
				THE CASING NAIVAGO CVC			
			-	CIRCULATE @ 780' 125 SKS TO CIRCULATE SHUT IN CASING MIX 100 SKS			
				PULL TUBING TOP OFF W/ 20 SKS.			
				TOTAL SKS USED 420. 8 GEL, 100# HULLS			
				JOB COMPLETE			
				r e			
				3			