

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

COPELAND

Acid & Cement

BURRTON, KS ♦ GREAT BEND, KS
 (620) 463-5161 (620) 793-3366
 FAX (620) 463-2104 FAX (620) 793-3536

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

Invoice

INVOICE NUMBER:
C60597-IN

BILL TO:
DARRAH OIL COMPANY LLC
PO BOX 2786
WICHITA, KS 67202-2786

LEASE: VACEK A-2 INJ

DATE	ORDER	SALESMAN	ORDER DATE	PURCHASE ORDER	SPECIAL INSTRUCTIONS	
06/29/2022	60597		06/28/2022	VACKE A-2 INJ	NET 30	
QUANTITY	U/M	ITEM NO./DESCRIPTION		D/C	PRICE	EXTENSION
		JUNE 27, 2022				
70.00	MI	MILEAGE CEMENT PUMP TRUCK ROUND TRIP		0.00	6.00	420.00
1.00	EA	PUMP CHARGE PLUG		0.00	700.00	700.00
		JUNE 28, 2022:				
70.00	MI	MILEAGE CEMENT PUMP TRUCK ROUND TRIP		0.00	6.00	420.00
1.00	EA	PUMP CHARGE PLUG		0.00	700.00	700.00
100.00	SK	COMMON CEMENT		0.00	16.25	1,625.00
6.00	SK	CALCIUM CHLORIDE		0.00	42.00	252.00
135.00	SK	60/40 POZ MIX 2% GEL		0.00	13.00	1,755.00
3.00	SK	2% ADDITIONAL GEL		0.00	25.25	75.75
244.00	EA	BULK CHARGE		0.00	1.25	305.00
401.38	MI	BULK TRUCK - TON MILES		0.00	1.10	441.52
REMIT TO: P.O. BOX 438 HAYSVILLE, KS 67060		COP		Net Invoice:		6,694.27
		FUEL SURCHARGE IS NOT TAXABLE AND IS ADDED TO MILEAGE, PUMP AND OR DELIVERY CHARGES ONLY.		ELSCO Sales Tax:		502.07
RECEIVED BY _____		NET 30 DAYS		Invoice Total:		7,196.34

There will be a charge of 1.5% "per month" (18% annual rate) on all accounts over 30 days pas

Copeland Acid & Cement is a subsidiary of Gressel Oil Field Service

Gressel Oil Field Service reserves a security interest in the goods sold until the same are paid for in full and reserve all the rights of a secured party under the Uniform Commercial Code.



FIELD ORDER N° C 60597

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

DATE 28-Jun 20 22

IS AUTHORIZED BY: DARRAH OIL (NAME OF CUSTOMER)

Address City State KS

TO TREAT WELL AS FOLLOWS Lease VACEK Well No. A-2 INJ Customer Order No.

Sec. Twp. Range 33-15S-10W County ELLSWORTH State KS

CONDITIONS: As a part of the consideration hereof it is agreed that Copeland Acid 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

Table with 5 columns: CODE, QUANTITY, DESCRIPTION, UNIT COST, AMOUNT. Rows include Mileage P.T., Pump Charge Plug, Common Cement Sack, Calcium Chloride, 60/40 Poz 2% Gel, Add. Gel after 2% Per Sack, Bulk Charge, Bulk Truck Miles, Process License Fee on Gallons, and TOTAL BILLING \$6,694.27.

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 GREG C.

Station GB

MIKE KELSO

Well Owner, Operator or Agent

Remarks

NET 30 DAYS



TREATMENT REPORT

Acid Stage No. _____

Date 6/28/2022 District GB F.O. No. C60597
 Company DARRAH OIL
 Well Name & No. VACEK A-2 INJ
 Location 33-155-10W Field _____
 County ELLSWORTH State KS

Type Treatment: Amt. Type Fluid Sand Size Pounds of Sand
 Bkdown _____ Bbl./Gal. _____
 _____ Bbl./Gal. _____
 _____ Bbl./Gal. _____
 _____ Bbl./Gal. _____
 Flush _____ Bbl./Gal. _____

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: 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.

Treated from _____ ft. to _____ ft. No. ft. 0
 from _____ ft. to _____ ft. No. ft. 0
 from _____ ft. to _____ ft. No. ft. 0
 Actual Volume of Oil / Water to Load Hole: _____ Bbl./Gal.
 Pump Trucks. No. Used: Std. 320 Sp. _____ Twin _____
 Auxiliary Equipment 367-310T
 Personnel GREG JOE
 Auxiliary Tools _____
 Plugging or Sealing Materials: Type _____ Gals. _____ lb.

Company Representative MIKE KELSO Treater GREG C.

TIME a.m./p.m.	PRESSURES		Total Fluid Pumped	REMARKS
	Tubing	Casing		
9:45				ON LOCATION 6/27/2022
				PUMP 50 SKS COMMON 3% CC @ 1300'. WAIT TO TAG
				TAGGED CEMENT @ 1150"
				PUMP 50 SKS COMMON 3% CC @ 950'.
				PULL TUBING, TIE ON TO CASING TO TRY AND BREAK CIRCULATION.
				PRESSURED UP TO 500#
				TIE ON TO SURFACE PIPE. PRESSURED RIGHT UP TO 300#
				CIRCULATE CEMENT FROM 330'. TOOK 50 SKS.
				TOPPED OFF WITH 15 SKS
2:45				DISMISSED FOR THE DAY
9:15				ON LOCATION 6/28/2022
				RUN 250' OF 1".
				BREAK CIRCULATION WITH WATER. CIRCULATE CEMENT TO SURFACE.
				TOOK 60 SKS
				TOP OFF CASING WITH 10 SKS
10:30				JOB COMPLETE
				THANK YOU!!!