KOLAR Document ID: 1658131

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 API No	o. 15 -			
Name:							
Address 1:				Sec 7			
				Feet from			
City:	State:	Zip:+		Feet from			
Contact Person:			Footag	es Calculated from Near	rest Outside Section Corner:		
Phone: ()				NE NW	SE SW		
Water Supply Well	Other:	OG D&A Cathod SWD Permit #:	County		Well #:		
ENHR Permit #:	Gas St	orage Permit #:	Date V	Vell Completed:			
Is ACO-1 filed? Yes	No If not, is we	ell log attached? Yes	No The pl	ugging proposal was app	proved on: (Date)		
Producing Formation(s): List	•	,	I *		(KCC District Agent's Name)		
Depth t	•	om: T.D	Pluggii	ng Commenced:			
Depth t	•	om: T.D	Pluggii	ng Completed:			
Depth t	o Top: Bott	om: T.D					
Show depth and thickness of	all water, oil and gas forn	nations.					
Oil, Gas or Wate	er Records		Casing Record (S	Record (Surface, Conductor & Production)			
Formation	Content	Casing	Size	Setting Depth	Pulled Out		
	. 0	ged, indicating where the muc of same depth placed from (bo	•		ods used in introducing it into the hole. If		
Plugging Contractor License	#:		Name:				
Address 1:			Address 2:				
City:			State: _		Zip:+		
Phone: ()							
Name of Party Responsible for	or Plugging Fees:						
State of	County,		, ss.				
	(Print Name)			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: VACEK A-4

Page: 1

BURRTON, KS (620) 463-5161 FAX (620) 463-2104

● GREAT BEND, KS (620) 793-3366 04 FAX (620) 793-3536

INVOICE NUMBER: C60591-IN

BILL TO:

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

DATE	ORDER	SALESMAN	ORDER DATE	PURCHASE O	RDER	SPECIAL INSTRUCTIONS			
06/29/2022	60591		06/23/2022	VACEK A-4			NET 30		
QUANTITY	U/M	ITEM NO./DI	ESCRIPTION		D/C	PRICE	EXTENSION		
70.00	МІ	MILEAGE CEME	NT PUMP TRUCK		0.00	6.00	420.00		
1.00	EA	PUMP CHARGE	PLUG		0.00	700.00	700.00		
100.00	sĸ	COMMON CEME	ENT		0.00	16.25	1,625.00		
140.00	sĸ	60/40 POZ MIX 2	2% GEL		0.00	13.25	1,855.00		
3.00	sĸ	ADD GEL AFTER	R 2%		0.00	25.25	75.75		
6.00	sĸ	CALCIUM CHLO	RIDE		0.00	42.00	252.00		
249.00	EA	BULK CHARGE			0.00	1.25	311.25		
409.61	МІ	BULK TRUCK - 1	TON MILES		0.00	1.85	757.78		
REMIT TO: P.O. BOX 438 HAYSVILLE, KS 67060		COP FUEL SURCHARGE IS NOT TAXABLE AND IS ADDED TO MILEAGE, PUMP AND OR DELIVERY CHARGES ONLY.			ELS	Net Invoice: CO Sales Tax: Invoice Total:	5,996.78 449.76 6,446.54		
RECEIVED BY		NET 30 DAYS							

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



FIELD ORDER

N° C

60591

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

			DATE	23-Jun 20 22
Address TO TREAT WELL AS FOLLOWS Lease VAC Sec. Twp. Range 33-15S-10W	DARRAH OIL COMPANY	(NAME OF CUSTOMER)		
Address		City	State	<u>KS</u>
· - · · · · · · · · · · · · · · · · · · ·	VACEK	Well No. A-4	Customer Order No.	· · · · · · · · · · · · · · · · · · ·
•		County ELLSWORTH	State	KS
CONDITIONS: As a part of the con-	sideration hereof it is agreed that Copeland Acid is to	service or treat at owners risk, the hereinbefore ment	ioned well and is not to	

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	Ву

		Well Owner or Operator		ent
CODE	QUANTITY	DESCRIPTION	UNIT COST	AMOUNT
20.0002	70	Mileage P.T.	\$6.00	\$420.00
20.0003	1	Pump Charge Plug	\$700.00	\$700.00
20.1001	100	Common Cement Sack	\$16.25	\$1,625.00
20.1002	140	60/40 Poz 2% Gel	\$13.25	\$1,855.00
20.1004	3	Add. Gel after 2% Per Sack	\$25.25	\$75.75
20.1012	6	Calcium Chloride per 50 lb.	\$42.00	\$252.00
	 			
			-	
			 	
20.0011	249	Bulk Charge	\$1.25	\$311.25
20.0012	409.605	Bulk Truck Miles	\$1.85	\$757.77
		Process License Fee on Gallons		
		TOTAL BILLING		\$5,996.77

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			



TREATMENT REPORT

Acid & Cement &						Acid Stage No.						
					1	• • •	ent: Amt.		Type Fluid	Sand Size	Pou	unds of Sand
Date 6/	/23/2022 Di	istrict GB	F.O. N	o. C60591		Bkdown		_				
Company	DARRAH OIL (0						_ Bbl./Gal.				
	& No. VACEK A					_						
Location	33-1	5S-10W	Field	,		_						
County	ELLSWORTH		State KS			Flush		_ Bbl./Gal.	· · · · · · · · · · · · · · · · · · ·			
						Treated from	1		ft. to	ft.	No. ft.	
Casing:	Size 5 1/2	Type & Wt.		Set at	ft.	fron	·		ft. to	ft.	No. ft	
Formation:			Perf.	to		fror	n		ft. to	ft.	No. ft.	00
Formation	.		Perf.	to		Actual Volur	ne of Oil / Wat	er to Load H	ole:			Bbl./Gal.
Formation			Perf.									
	ze Type &	.Wt.	Top at ft.	Bottom at	ft.	Pump Trucks	. No. Used	d: Std.	320 Sp.		Twin	
			om									
			Swung at				REG JOE					
	Perforated fr		ft. to			Auxiliary To	ols					
						Plugging or :	ealing Materia	als: Type				
Open Hole	Size	T.D.	ft. P	B. to	ft.	1	_					îb.
Company	Representative		MIKE KE	LSO		Treate			GI	REG C.		
TIME		SURES	Total Fluid Pumped				_======	REMA				
a.m./p.m.	Tubing	Casing	Total Fluid Fulliped					KLIVIA				
11:45				ON LOCAT	ΓΙΟΝ							
				PUMP 50	SKS C	OMMO	13% CC	@ 1300)'. WAIT TO	TAG		
				TAGGED C	EMEN	IT @ 11	50'					
											-	
			1	PUMP 50	SKS CO	OMMO	1 3% CC	@ 950'				
			 	CIRCULAT	E CEM	IENT FR	OM 350'	TO SUI	RFACE. TO	OK 130 SK	S	
			 								<u> </u>	
				TOPPED C	FF WI	TH 10 S	KS		·			
3:45				JOB COM	PLETE							
3.43			 	30B CO.W.				· · · · · · · · · · · · · · · · · · ·				
		 	 	THANK YO	11111							
-				TIMIN IC	,0111							
			 									
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