KOLAR Document ID: 1668986

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 #:			APIN	No. 15				
Name:				Spot Description:				
Address 1:				Sec				
				Feet fron				
City:	State	:		Feet fron				
Contact Person:			Foota	ages Calculated from Nea	rest Outside Section Corner:			
Phone: ()				NE NW	SE SW			
Water Supply Well	Other:	ell OG D&A Ca SWD Permit #: as Storage Permit #: is well log attached? Yes	Lease Date	County: Well #: The plugging proposal was approved on: (Date)				
Producing Formation(s):	List All (If needed attach a	another sheet)	by:		(KCC District Agent's Name)			
De	epth to Top:	Bottom: T.D	Plugo	Plugging Commenced:				
De	epth to Top:	Bottom: T.D	"	, ,				
De	epth to Top:	Bottom:T.D		,g • •p. • . • . • . • . • . • . • .				
	ss of all water, oil and gas	s formations.						
	Water Records			g Record (Surface, Conductor & Production)				
Formation	Content	Casing	Size	Setting Depth	Pulled Out			
		plugged, indicating where the			nods used in introducing it into the hole. If			
Plugging Contractor License #: Name								
Address 1: Addres								
City:			State	:				
Name of Party Responsi	ible for Plugging Fees:							
State of	Co	unty,	, SS.					
				Employee of Operator of	or Operator on above-described well,			
	(Print Na			=mpiogod of Operator o	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.



FIELD ORDER Nº C 47996

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

	310-324-1223	DATE July 20)	20 22
0 0		1		
IS AUTHORIZED BY: Bene Re-	(NAME OF CUSTOMER)			
Address	_ City		_ State	
To Treat Well As Follows: Lease Calloway B	_ Well No	Customer O	rder No	
Sec. Twp. Range	County Selgench		_ State 🛓	£
CONDITIONS: As a part of the consideration hereof it is agreed that Copnot to be held liable for any damage that may accrue in connection with mplied, and no representations have been relied on, as to what may be treatment is payable. There will be no discount allowed subsequent to substructions department in accordance with latest published price scheduler in the undersigned represents himself to be duly authorized to sign this	said service or treatment. C the results or effect of the se uch date. 6% interest will be dules.	opeland Acid Service has n rvicing or treating said well. charged after 60 days. Tota	nade no repr . The consid	esentation, expressed eration of said service
THIS ORDER MUST BE SIGNED BEFORE WORK IS COMMENCED	r Operator	By	Agent	
Well Owner of	Operator			1
CODE QUANTITY	DESCRIPTION		COST	AMOUNT
1 Puma cha for	Olm Job.			100 m
200 sel Class A Common	Comment 14	15/ sack.		3350 00
200# Hulls 50 \$ 16.				100 ==
5 Ban Coloin Chloride	42 2/ 2001.			21000
50 min low miles	0/00/			2000
). S
300 Seel Bulk Charge 125 Seele	,			35000
470 to Bulk Truck Miles 110/ ton	Sim			510=
Process License Fee or	n(Gallons		
		TOTAL BILLING		
I certify that the above material has been accepted an manner under the direction, supervision and control of	d used; that the above f the owner, operator or	service was performed his agent, whose sign	d in a good nature app	d and workmanlike ears below.
Copeland Representative Ty				
Station Busaron		Well Owner, Operator	or Agent	



TREATMENT REPORT

Acid Stage No.

-	1	•			Type Treatment:		Type Fluid		l'ounds of Saud		
		~O -). No	1						
Company				***************************************	ł .		***************************************				
Well Name 4 2	10\	me 10		***************************************	l	•	**,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
Location	- 0 -	7			ĺ	•					
County		<u> </u>	State 7.3.		!		. to				
Casing: Size	っ	m 4 38/4		Bet atft.	1		. to	=			
				to	1		. to				
				to		•					
				to	Actual Volume of	Oll/Water to Los	d Hole:		Bbl. /Gal.		
				. Bottom atft.	Pump Trucks, No	Used: 8td. 3.2	3 sp	Tw	vin		
				.ft. toft.	Auxiliary Equipm	on Bulk 3	22 -	TT 133	3		
	•			n.				-			
				ft.	Auxiliary Tools			مرين			
					Plugging or Bealis	ng Materials: Type	3,00 soda	<u> </u>	Bus		
(hwn Hole Size		. T .D		B. toft.	300#)	Hulls.			<u> </u>		
	-						x) /				
Company R	epresentativ	e			Treater	Mrs.	<u> </u>				
TIME		URES	Total Fluid				0				
a.m /p.m.	Tubing	Casing	Pumped			KERKK!			·		
:				P. J. CS 387	59' Tran	-00 C/ET	hes hu	ed to Ra	بدح		
: 1					ear he	whi look	. mo hok	YEUN S	をす		
: 1				Dut tons	arab	tisher.	idet or				
;				Gur Left &	ud 1- 92	an San	an will	line			
: 1				Run in all or	some Cood	que to	o rootle	sollow al	book 4' sigh		
:				0-100/5-	3par 4 p	no war	Couldn	<u> </u>	bee.		
:			<u></u>	work The	Phally	got int	s Run Co	1 4 C/M	<u>k</u>		
11:00				book at some Poll I Sout Mis Colem Chloride							
1130			<u> </u>	Strat M.	age ago	-dow-1	sole le 180	mk Slue	222		
11:40			1083	35 miles of	1 John Son		Stern year	uz Molc			
-:		<u> </u>	37801	this cin	7 2 Po	then he	+ APCID OF	1			
_ : _			 	1011 - AND		200,	11 11 ***	- \- (12-	0.0		
77.2		<u></u>	10	Sect WA	<u> </u>	Try add		3 to 42	· CC COM		
75 go	<u> </u>		1280	33 8/m W	Some and which was going down lok-						
7002			19 RAL	162, 21/ B	BOX CORY	084	<u> </u>				
		<u> </u>	0		down to	·					
-:-		<u> </u>	11887	0	~ 300°						
-:-			174335	Os O VII	2 Time A	Fall bo	D' Rno	Jul -	30'		
-:-			0	Sta mis		ind the		Hulba	+ 94-04		
-: 1			8788	130 soules o	1. Co. Lu	Corner u	83/8 TE	174 NINE -1	1300		
:	·· · ·		1			du Con V	- H20~				
:	.,-		25,883	Too work	Dousne	O DAKE	Shimin				
:				130 Sept.	4000 O-	Sular	ply	<u></u>			
:				m deplat	TOUR TO	ok 2 tal					
:				Kach on		colin	7				
:											
:]											
:]											
:			 								
-:-						····		 			
			ļ								
	<u> </u>		-			- <u> </u>					
			1	ī		· ·					