KOLAR Document ID: 1674048

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 #:			AF	PI No. 1	5			
Name:								
Address 1:			_	SecTwp S. R EastW Feet from North / South Line of Sect Feet from East / West Line of Sect Footages Calculated from Nearest Outside Section Corner:				
Address 2:			_					
City:	State:	Zip: +	_					
Contact Person:			Fo					
Phone: ()				NE NW SE SW				
Type of Well: (Check one) Oil Well Gas Well OG D&A Cathodic Water Supply Well Other: SWD Permit #: ENHR Permit #: Gas Storage Permit #:				County: Well #:				
Is ACO-1 filed? Yes	Is ACO-1 filed? Yes No If not, is well log attached? Yes No				•	oved on: (Date)		
Producing Formation(s): List A	II (If needed attach another	sheet)	by	:		(KCC District Agent's Name)		
Depth to	Top: Botton	m: T.D	_{Pli}	ıaaina	Commenced:			
Depth to Top: Bottom: T.D				00 0				
Depth to	Top: Botto	m:T.D		agging	Completed.			
Show depth and thickness of a	all water, oil and gas forma	ations.						
Oil, Gas or Water	Records		Casing Reco	rd (Sun	face, Conductor & Produc	ction)		
Formation	Content	Casing	Size		Setting Depth	Pulled Out		
cement or other plugs were us		-				ds used in introducing it into the hole. If		
Plugging Contractor License #	:		Name:					
Address 1:			Address 2: _					
City:			Sta	ate:		Zip:+		
Phone: ()								
Name of Party Responsible fo	r Plugging Fees:							
State of	County, _		, s	SS.				
			Г	_	nployee of Operator or	Operator on above-described well,		
	(Print Name)			=[]	inproyee or 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.

Acid & Cement

(316) 524-1225 (316) 524-1027 FAX l. oice

LEASE: BOOKSTORE 1-1

Page: 1

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

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

INVOICE NUMBER: C60679-IN

BILL TO:

GRA-EX, LLC PO BOX 32

KINGMAN, KS 67068

DATE ORDER		SALESMAN	ORDER DATE	RDER DATE PURCHASE OR		SPECIAL INSTRUCTIONS		
09/20/2022 60679			09/19/2022 BOOKSTORE		1-1	NET 30		
QUANTITY	U/M	ITEM NO./DI	ESCRIPTION		D/C	PRICE	EXTENSION	
60.00	MI	MILEAGE CEME	NT PUMP TRUCK		0.00	6.00	360.00	
1.00	EA	PUMP CHARGE	PLUG		0.00	700.00	700.00	
375.00	SK	60/40 POZ MIX 2	2% GEL		0.00	13.25	4,968.75	
7.00	SK	2% ADDITIONAL	. GEL		0.00	25.25	176.75	
9.00	SK	GEL ON THE SI	DE		0.00	25.25	227.25	
391.00	EA	BULK CHARGE			0.00	1.25	488.75	
516.12	МІ	BULK TRUCK - 1	TON MILES		0.00	1.10	567.73	
REMIT TO: P.O. BOX	438		COP			Net Invoice:	7,489.23	
HAYSVIL	LE, KS 67060	FUEL SURCHARGE IS NOT TAXABLE AND IS ADDED TO MILEAGE, PUMP AND OR DELIVERY CHARGES ONLY.		STFCO Sales Tax:		561.69 8,050.92		
RECEIVED BY			NET 30 DAYS					



HELD ORDER

·IELD)	AN 8 20	
ORDER	Nº	C

60679

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

				DATE	19-Sep	20 22
IS AUTHORIZE	DRY GRA	EXIIC				
IS AUTHORIZE	DD1. <u>010</u> 1	LA LLO	(NAME OF CUSTOMER)			
Address			City	State	KS	
TO TREAT WE	LL					
AS FOLLOWS	Lease BOC	KSTORE	Well No. 1-1 Custo	omer Order No.	and the survey of the survey o	
Sec. Twp.						
Range			County STAFFORD	State	KS	
be held liable for any di implied, and no represe treatment is payable. The our invoicing departmen The undersig	amage that may accommatations have been of there will be no discount in accordance with the presents his	thereof it is agreed that Copeland Acid is to service or treature in connection with said service or treatment. Copeland Acid on, as to what may be the results or effect of the servint allowed subsequent to such date. 6% interest will be chilatest published price schedules. Inself to be duly authorized to sign this order for well	Acid Service has made no representation, expresse icing or treating said well. The consideration of sail arged after 60 days. Total charges are subject to c	ed or d service or		
THIS ORDER MUST BEFORE WORK IS			Ву			
BEFORE WORK IC	OGNINIZIYOZZ	Well Owner or Ope		UNIT	Agent	
CODE	QUANTITY	DESCRI	PTION	COST	Al	MOUNT
20.0002	60	Mileage P.T.		\$6.00		\$360.00
20.0003	1	Pump Charge Plug		\$700.00		\$700.00
20.1002	375	60/40 Poz 2% Gel		\$13.25		\$4,968.75
20.1004	7	Add. Gel after 2% Per Sack		\$25.25	designation	\$176.75
20.1005	9	Gel on side per sack		\$25.25		\$227.25
	and the street of the street o					
					1	
					+	
					1	
				 	1	
					+	
20.0011	391	Bulk Charge		\$1.25	1	\$488.75
20.0011	516.12			\$1.10	+	\$567.73
20.0012	510.12	Process License Fee on	Gallons	\$1.10	+	\$507.75
		Frocess License Fee on	TOTAL BILLIN	IC	+	\$7,489.23
certify that	the above ma	I terial has been accepted and used; that			workmar	
		n, supervision and control of the owner				
Copeland F	Representative	GREG C.				
Station G			JEFF B.			
				Owner, Operator or A	Agent	
Remarks						

NET 30 DAYS



TREATMENT REPORT

Acid	& Cemer	it 盛						Acid Stage No.	-
Date Q	/19/2022 -	victriet GB	F.O. 1	No. C60679	Type Treatment: Am			Sand Size	Pounds of Sand
-	GRA EX LLC	istrict OD	F.O. 1	0. 200073	Bkdown				
	& No. BOOKS	ORF #1-1				Bbl./Gal			
			Field	The second secon		Bbl./Gal.	******		With the second
()*	STAFFORD	WORKER THE THE ADDRESS OF THE ADDRES	State KS		Flush	Bbl./Gal.			
								£ N.	0
Cacing	Size 4 1/2	Tuno 8. M/t		Set atft.	Treated from from			ft. No	
Formation			Perf.		from				o. ft. 0
Formation							. to	11. 110	
			Perf.		Actual Volume of Oil / Wa	iter to Load Hole			Bbl./Gal.
Formation			Perf.				220	423	A 248
	p 2- marris				Pump Trucks. No. Use	ed: Std			win
	Size & Wt.				Auxiliary Equipment			860-308T	
rubing.	Perforated fr		Swung at		Personnel GREG JOE Auxiliary Tools				
	renorated in	OIII	ft. to			Contract Consequence			
Open Hole	Sizo	TD	ft. P.		Plugging or Sealing Materi	ials: Type			
open note	3120	1.0.	R. P.	.B. toft.	<u> </u>			Gals.	lb.
Company (Representative		JEFF B		Treater		GRE	G C.	
TIME		SURES	Total Fluid Pumped			REMARK	s		
a.m./p.m.	Tubing	Casing							
8:15				ON LOCATION			The second secon		
				CIBPs SET @ 392	20' & 3582'				
				PRESSURE TEST	CASING, HELD 3	100#.			
				PERF @ 870'					
				BREAK CIRCULAT	TON WITH WAT	TER, TOOK	(4 BBLS		
				CIRCULATE CEM	ENT FROM 870'	TO SURF	ACE, TOOK	9 GEL ANI) 375 SKS
11:45				JOB COMPLETE					
				THANK YOU!!!					

									[

Custom Service, LLC

766 NW 30th St. St. John, KS 67576

Invoice

Date	Invoice #
9/23/2022	3426

Bill To	
GraEx LLC	
P.O. Box 32	
Kingman, KS 67068	

P.O. No.	Terms	Project
BOOKSTORE	Due on receipt	

Item	Quantity	Description	Rate	Amount
Water Truck	4	09/19/2022: BROUGHT 110 BBLS FRESH WATER FOR CEMENT JOB	97.00	388.00
Fresh Water	110	110 BBLS FRESH WATER	0.375	41.25
Water Truck		09/19/2022: EMPTIED 80 BBLS FROM WORKING PIT	97.00	194.00
Disposal Fee	80	80 BBLS TO SWD	0.35	28.00
Water Truck	2	09/21/2022: EMPTY FRESH WATER FROM SYSTEM OUT OF PIT	97.00	194.00
Disposal Fee	20	20 BBLS FRESH WATER TO SWD	0.35	7.00
Service Truck	2	09/21/2022: CUT OFF PIPE AND FILLED WITH 6 BAGS OF CEMENT	100.00	200.00
Cement	6	6 80 LB BAGS OF CEMENT	18.50	111.00
Backhoe	3	09/21/2022: DUG OUT WELL CELLAR - COVER AND LEVEL UP LOCATION	110.00	330.00

Thank you for your business. For any questions and concerns please contact Aric at (620)546-4205

Total

\$1,493.25