KOLAR Document ID: 1673893

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 #:	API No. 15
Name:	Spot Description:
Address 1:	Sec Twp S. R East West
Address 2:	Feet from North / South Line of Section
City: State: Zip: +	Feet from East / West Line of Section
Contact Person:	Footages Calculated from Nearest Outside Section Corner:
Phone: ()	NE NW SE SW
Type of Well: (Check one) Oil Well Gas Well OG D&A Cathodic Water Supply Well Other: SWD Permit #: SWD Permit #:	County: Well #: Lease Name: Well #: Date Well Completed:
Is ACO-1 filed? Yes No If not, is well log attached? Yes No	The plugging proposal was approved on: (Date)
Producing Formation(s): List All (If needed attach another sheet)	by: (KCC District Agent's Name)
Depth to Top: Bottom: T.D	Plugging Commenced:
Depth to Top: Bottom: T.D	Plugging Completed:
Depth to Top: Bottom:T.D	

Show depth and thickness of all water, oil and gas formations.

Oil, Gas or Wate	r 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:		Stat	e:	Zip:	_+
Phone: ()					
Name of Party Responsible for Plugging I	Fees:				
State of	County,	, SS			
	(Print Name)		Employee of Operator or	Operator on above-o	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.

Submitted Electronically



Page: 1



Acid & Cement

(620) 463-5161 FAX (620) 463-2104

BURRTON, KS 🍐 GREAT BEND, KS (620) 793-3366 FAX (620) 793-3536

POST OFFICE BOX 438

HAYSVILLE, KS 67060

(316) 524-1225

(316) 524-1027 FAX

INVOICE NUMBER: C80077-IN

LEASE: ROBERT 1-33

BILL TO: CARMEN SCHMITT, INC. PO BOX 47 GREAT BEND, KS 67530

DATE	ORDER	SALESMAN	ORDER DATE	PURCHASE C	DRDER	SPECIAL INSTRUCTIONS			
· 10/24/2022	24/2022 - 80077 10/20/2022 ROBERT 1-33					NET 30			
QUANTITY	U/M	ITEM NO./DE		D/C	PRICE	EXTENSION			
120.00	MI	MILEAGE PICKU	JP		0.00	4.00	480.00		
1.00	EA	PUMP CHARGE	ROTARY PLUG		0.00	1,150.00	1,150.00		
255.00	sк	60/40 POZ MIX 2	2% GEL		0.00	13.25	3,378.75		
104.00	LB	CELLO-FLAKES			0.00	3.25	338.00		
5.00	sк	2% ADDITIONAL	GEL		0.00	25.25	126.25		
1.00	EA	8 5/8" WOOD PL	.UG		0.00	65.00	65.00		
260.00	EA	BULK CHARGE	BULK CHARGE 0.00 1.						
457.00	МІ	BULK TRUCK - T	FON MILES		0.00	1.10	502.70		
		BCP	710/4 20145.013 <i>"Lennent to</i> Uell File	3 Auc ¹¹					
REMIT TO: P.O. BOX HAYSVILL	438 .E. KS 67060	COP FUEL SURCHARGE IS NOT TAXABLE AND IS ADDED TO MILEAGE, PUMP AND OR DELIVERY CHARGES ONLY.			тномес	Net Invoice: Sales Tax: Invoice Total:	6,365.70 497.29 6,862.99		
RECEIVED BY			NET 30 DAYS		1				

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

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Nº C 80077

BOX 438 - HAYSVILLE, KANSAS 67060

316-524-1225

			DATE	20-Oct 20 21
IS AUTHORIZED BY:	Carmen Schmitt			
		(NAME OF CUSTOMER)		
Address		City	State	<u>KS</u>
TO TREAT WELL				
AS FOLLOWS Lease	Robert	Well No. <u>1-33</u>	_Customer Order No.	
Sec. Twp.				
Range		County Thomas	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 accue 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

		Well Öwner or Operator		ent
CODE	QUANTITY	DESCRIPTION	UNIT	AMOUNT
20.0002	120	Mileage P.T.	\$4.00	\$480.00
20.0006	1	Pump Charge Rotary Plug	\$1,150.00	\$1,150.00
20.1002	255	60/40 Poz 2% Gel	\$13.25	\$3,378.75
20.1013	104	Celloflake per lb.	\$3.25	\$338.00
20.1004	5	Add. Gel after 2% Per Sack	\$25.25	\$126.2
20.202		8 5/8" Wood Plug	\$65.00	\$65.00
				<u>-</u>
·			_	<u> </u>
	<u></u>	1 		···
				· · · · · · · · · · · · · · · · · · ·
				<u></u>
20.0011	260	Bulk Charge	\$1.25	\$325.0
20.0012	457		\$1.10	\$502.7
		Process License Fee on Gallons		
		TOTAL BILLI	NG	\$6,365.7

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 Joe S.

Station GB

Remarks

NET 30 DAYS

Well Owner, Operator or Agent

BUPPELLIND Acid & Cement	ĩ
Acid & Cement	Å.

* . .

TREATMENT REPORT

Acia	& Ce	ment	25 .									Acid Stage N	No.	
		22 Distri Schmitt		<u> </u>	F.O. M	to. <u>80077</u>		Type Treatment: Bkdown		Bbi./Gai.	Type Fluid	Sand Size		unds of Sand
		obert 1-3								Bbl./Gal.				<u></u>
Location	e & 110. 11	00001113		 Field				ł		Bbi./Gai.				
	Thomas			State KS				Flush		Bbi./Gal. Bbi./Gal.				<u> </u>
								·		-				
Casing:	Size		Tuno R. Mit			Fat at	4	Treated from from		<u> </u>	ft. to	ft.	No. ft.	
Formation						Set at to	^{ft.}				ft. to		No. ft	
								from			ft. to	ft.	No. ft.	0
Formation	"							Actual Volume of Oil	/ Water t	o Load Ho	e:			Bbl./Gal.
Formation								ł						
Liner: Si						Bottom at		Pump Trucks. No	o. Used:	Std	Sp		Twin	
						ft. to		Auxiliary Equipment			365 a	and 360/31		
Tubing:	Size & Wt.	·						ft. Personnel Joe S. & Clarance M.						
. <u></u>	Perfo	rated from		ft, _t	<u> </u>	<u> </u>	ft.	Auxiliary Tools						
								Plugging or Sealing N	Aaterials:	Туре				
Open Hole	e Size			f	it. P.	8. to	ft.					Gals		lb.
Company	Represent	ative						Treater			Joe	S		
TIME		PRESSURI		Total Fluid Pu	nped			REMARKS						
a.m./p.m.	Tubk	ng	Casing				<u> </u>				· · · · · · · · · ·			
11:00 P				<u> </u>		On location								
1:30						Set 50 sack Plug at 2650'								
2:30						Set 100 Sack Plug at 1600'								
3:30	····					Set 50 sack Plug at 325'								
4:30		Î	<u> </u>			Set wiper Plug at 40' and 10 SKS Cement								
				+										

4:30	· · · · · · · · · · · · · · · · · · ·	Set wiper Plug at 40 and 10 SKS Cement
		Run 30 Sks into Rat Hole
		Run 15 SKS into Mouse Hole
5:00		Job Complete Leaving Location
		·