KOLAR Document ID: 1668551

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 -					
Address 1:			I .	•	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:			Footage	s Calculated from Near	rest Outside Section Corner:				
Phone: ()				□ NE □ NW	SE SW				
Water Supply Well ENHR Permit #: Is ACO-1 filed? Yes Producing Formation(s):	Other: Ga S No If not, i	SWD Permit #: as Storage Permit #: swell log attached? Yes [nother sheet) Bottom: T.D.	Lease N Date We The plug	lame:ell Completed: gging proposal was app	oroved on: (Date) (KCC District Agent's Name)				
De	pth to Top:	Bottom: T.D	""						
De	pth to Top:	Bottom:T.D	——— Plugging	g Completed:					
Show depth and thickness	ss of all water, oil and gas	formations.							
Oil, Gas or l	Water Records		Casing Record (Su	ırface, Conductor & Prod	luction)				
Formation	Content	Casing	Size	Setting Depth	Pulled Out				
		plugged, indicating where the muter of same depth placed from (but it is a first from the muter of same depth placed from (but it is a first from the muter of same depth placed from the same depth placed from the muter of same depth placed from the same depth placed from t	·		ods used in introducing it into the hole. If				
Plugging Contractor Lice	ense #:		_ Name:						
Address 1:			_ Address 2:						
City:			State:						
Phone: ()									
Name of Party Responsi	ble for Plugging Fees:								
State of	Cou	unty,	, SS.						
	(Print Na	ma)	E	mployee 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 | POST OFFICE BOX 438 HAYSVILLE, KS 67060 (316) 524-1225 (316) 524-1027 FAX

Page: 1 Invoice

LEASE: HOLMAN #1

Acid & Cement

(620) 463-5161

RECEIVED BY

BURRTON, KS . GREAT BEND, KS (620) 793-3366

INVOICE NUMBER: C60700-IN

BILL TO:

CARMEN SCHMITT, INC. **PO BOX 47 GREAT BEND, KS 67530**

DATE ORDER 10/31/2022 60700		SALESMAN	ORDER DATE	PURCHASE (ORDER	SPECIAL INSTRUCTIONS		
			10/27/2022	HOLMAN #1	HOLMAN #1		NET 30	
QUANTITY	U/ M	ITEM NO./DESCRIPTION			D/C	PRICE	EXTENSION	
70.00	MI	MILEAGE CEME	NT PUMP TRUCK		0.00	6.00	420.00	
1.00	EA	PUMP CHARGE	PLUG		0.00	700.00	700.00	
190.00	sĸ	60/40 POZ MIX 2	2% GEL		0.00	13.25	2,517.50	
4.00	sĸ	2% ADDITIONAL	_GEL		0.00	25.25	101.00	
194.00	EA	BULK CHARGE			0.00	1.25	242.50	
298.76 MI I		BULK TRUCK - TON MILES			0.00	1.10	328.64	
			7/9/55 19397,0001 "Cemut lo Mus XII ANI			And an advantage of the second		
REMIT TO: P.O. BOX 438 HAYSVILLE, KS 67060			СОР			Net Invoice:	4,309.64	
		FUEL SURCHARGE IS NOT TAXABLE AND IS ADDED TO MILEAGE, PUMP AND OR DELIVERY CHARGES ONLY.			HODCO Sales Tax:		323.22	

NET 30 DAYS



HELD ORDER

Nº C _____

60700

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

			DATE	27-Oct 20 22
IS AUTHORIZED BY:	CARMEN SCHMITT	(NAME OF CUSTOMER)		
Address		City	State	KS
TO TREAT WELL AS FOLLOWS Lease	HOLMAN	Well No. 1	Customer Order No.	
Sec. Twp. Range 20-24-23W		County HODGEMAN	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 herambefore mentioned well and is not to be held table 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 rolled 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

FORE WORK IS COMMENCED		Well Owner or Operator By Agent Agent				
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		
20.1002	190	60/40 Poz 2% Gel	\$13.25	\$2,517.50		
20.1004	4	Add, Gel after 2% Per Sack	\$25.25	\$101.00		
				<u> </u>		
				······		
	<u> </u>					
20.0011	194	Bulk Charge	\$1.25	\$242.5		
20.0011	298.76		\$1.10	\$328.6		
20.0012	200.70	Process License Fee on Gallons				
		TOTAL BILLING	3	\$4,309.6		

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 R	Representative GREG C.	
Station <u>G</u>	B NATHEN	Well Owner, Operator or Agent
Remarks	NET 30 DAYS	



TREATMENT REPORT

ULLY 1	k Cemen	r Ø.		11(15/33)	WHAVI KES OK	•		Acid Stage No), <u> </u>	
1616 C	<u>x</u> __\113\11	C KOLKO			Tunn Treatment	Amt	Type Fluid	Sand Size	Pour	ds of Sand
				00000	Bkdown		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
	/27/2022 Di		F.O. No	6. <u>C00700</u>	DKGOWN	***************************************				
_	CARMEN SCH									
	& No. HOLMAN				1	***************************************				
_	20-2	4-23W	Field		Flush					
County	HODGEMAN		State KS							
					E .		ft. to		No. ft.	
Casing:	Size <u>5 1/2</u>	Type & Wt.		Set atf			ft, to		No. ft.	0
Formation:		·····	Perf.	to	THE CONTRACTOR OF THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NAMED IN COLUMN	DECEMBER	ft, to	CONTROL COMMENCE CONTROL CONTR	Action of the Control	omenana managaran
formation:			Perf.	to	Actual Volume of	Oil / Water to Load	Hole:		DATE OF THE PARTY	Bbl./Gal.
formation:				to						
iner: Siz	e Type &	Wt.	Top at ft.	Bottom at	ft. Pump Trucks.	No. Used: Std.	320 Sp.		Twin	
				n. to	ft. Auxiliary Equipme	ent		327		A AND DESCRIPTION OF THE PROPERTY OF THE PROPE
			Swong at		ft. Personnel GREC	S JOE				
	**********		ft. to		ft. Auxiliary Tools					
NA PROPERTY AND ADDRESS OF THE PARTY OF THE	A CONTRACTOR OF THE PROPERTY O			THE RESERVE OF THE PERSON OF T	Plugging or Sealir	ng Materials: Typ	е			
Open Hole	Size	ĭ.Đ.	fi. P	.B. to	ft.			Gal	S.	lb.
CLOS SECTION S						NATIONAL PROPERTY OF THE PROPE	CONTROL OF THE PROPERTY OF THE	torgenbacomorphy (promption con William)	NAME OF TAXABLE PARTY OF TAXABLE PARTY.	
`ananany f	Representative		NATHE	·N	Treater		GR	REG C.		
-		SURES			-				THE PERSONAL PROPERTY.	
TIME a.m./p.m.	Tubing	Casing	Total Fluid Pumped			REN	1ARKS			
	- Tubile	- CO 31175		ON LOCATION	THE RESIDENCE AND ADDRESS OF THE PERSON OF T	**************************************	**************************************		CONTRACTOR DE LA CONTRA	Control of the Contro
11:15				ON LOCATION						
				CIRCULATE CE	MENIT EDON	1 1600' TO 9	LIREACE TO	OK 170 S	KS	
				CINCULATE CE	IVILIVITATION	11000 103	70117102110			
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				TIED ON TO SU	JRFACE PIPE	, PRESSURE	D RIGHT OF		***************************************	
				TOPPED OFF V	VITH 20 SKS					
1:15				JOB COMPLET	E					
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				THANK YOU!!!						
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