KOLAR Document ID: 1672786

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 De	scription:	
Address 1:			.		Sec Tw	p S. R East West
Address 2:					Feet from	
City:	State:	Zip: +	.		Feet from	East / West Line of Section
Contact Person:				Footage	s Calculated from Neares	st Outside Section Corner:
Phone: ()					NE NW	SE SW
Type of Well: (Check one)		OG D&A Cathodi SWD Permit #:		,		
ENHR Permit #:	Gas Sto	rage Permit #:				
Is ACO-1 filed? Yes	No If not, is well	log attached? Yes				ved on: (Date)
Producing Formation(s): List A	ll (If needed attach another	sheet)				(KCC District Agent's Name)
Depth to	Top: Botto	m: T.D		Plugging	a Commenced:	
Depth to	Top: Botto	m: T.D		00 0		
Depth to	Top: Botto	m: T.D	'	. ragging	g completed.	
Show depth and thickness of a	all water, oil and gas forma	ations.				
Oil, Gas or Water	Records		Casing Re	cord (Su	urface, Conductor & Produc	tion)
Formation	Content	Casing	Size		Setting Depth	Pulled Out
Describe in detail the manner cement or other plugs were us		_				Is used in introducing it into the hole. If
Plugging Contractor License #	:		Name:			
Address 1:			Address 2:	:		
City:			;	State:		Zip:+
Phone: ()						
Name of Party Responsible fo	r Plugging Fees:					
State of	County, _			, ss.		
	<i>3</i> , –			_	implayed of Onesates	Operator on obeyed decertibed
	(Print Name)			E	imployee 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.



20.0011

Bulk Charge

200

FIELU

Nº C

60699

\$250.00

\$1.25

				OKDEK 1	•			
SUME Acid &	Ceme	ent Box 438 -	HAYSVILLE, KANSAS 67 316-524-1225		-			
				DATE		26-Oct	202	22
IS AUTHORIZEI	DBY: TP-	EXPLORATION/PRODUCTION	TE ED!	R)	 			
Address			City		State	KS		
TO TREAT WEL		VID	Well No. 1	Customer O	rder No.			
Sec. Twp. Range 32-18-1	IE		County MARION		State	, <u>KS</u>		
the state of the management	nt in accordance wit gned represents t T BE SIGNED	or remote on, as a where they be the detected on, as a where they could allowed subsequent to such date. 6% interest the latest published price schedules. himself to be duly authorized to sign this order.	der for well owner or operator.	By		2		
BEFORE WORK	00	Well Ow	mer or Operator		UNIT	Agent		
CODE	QUANTITY	,	DESCRIPTION		COST		AMOUNT	
20.0002	80	Mileage P.T.		\$6	.00		\$480	.00
20.0003	1	Pump Charge Plug		\$76	00.00		\$700	
20.1001	35	Common Cement Sack		\$10	6.75	 	\$586	
20.1012	2	Calcium Chloride per 50 lb.			2.00		\$84	
22,4222				104	2 25	1	AA 400	ı Or
20.1002	160	60/40 Poz 2% Gel			3.25		\$2,120	
20.1002		60/40 Poz 2% Gel Add. Gel after 2% Per Sack			5.25 5.25		\$2,120 \$75	

\$387.20 \$1.10 20.0012 352 **Bulk Truck Miles** Gallons Process License Fee on TOTAL BILLING \$4,683.20 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,operato	or or his agent, whose signature appears below.	
Copeland Representative	GREG C.		
Station GB		TERRY BANDY Well Owner, Operator or Agent	-
Remarks	NET 00 DAY	10	_

NET 30 DAYS



TREATMENT REPORT

و دن	Cement							Acid Stage No.		
ia &	Cement			,	Type Treatment: A	mt	Type Fluid	Sand Size	Pound	ls of Sand
							туреттин			
e <u>10/2</u>	26/2022 Dist		F.O. No	C60699	Bkdown					
npany TF	EXPLORATIO	N/PRODUCT	ION							
i Name &	No. DAVID #1				ļ ——					
ation	32-1	8-1E	Field							
	IARION		State KS							
					Treated from		ft. to	ft.	No. ft	
	41/2	Tune R. Wt		Set atft.	1		ft. to		No. ft.	
	- 4 1/2	_ 'ype a vic	Perf	to	from		ft. to	ft.	No. ft.	0
rmation:					Actual Volume of Oil /	Water to Load F				Bbl./Gal.
rmation:				to	Actual Volume of Only					
rmation:			Perf.	to	4		220		Turin	
er: Size	Type & V	Vt.	Top atft.		Pump Trucks. No.				_ '*"'	
			om		. Auxiliary Equipment			321		
bing: Si	ize & Wt.	2 3/8	Swung at	ft	Personnel GREG CL	ARENCE				
	Perforated fro		ft. to		t. Auxiliary Tools					
					Plugging or Sealing Ma	eterials: Type				
nen Hole 9	Size	T.D.	ft. P.	B. tof	ւ.			Gal	5.	lb.
pen 1101c -										
_			TERRY BA	NOY	Treater		GF	REG C.		
<u> </u>	epresentative		TERRITOR.							
TIME	PRESS		Total Fluid Pumped			REM	ARKS			
m./p.m.	Tubing	Casing		ON LOCATION						
:15			 	ON LOCATION						
					22.41.401.20/	C @ 30C	01			
			<u> </u>	PUMP 35 SKS C	COMMON 3% (JC @ 280	U			
				CIRCULATE CEI	MENT FROM 3	60' TO SU	RFACE. TO	OK 150 SK	(2	
				TOPPED OFF W	/ITH 10 SKS					
			<u> </u>							
				100 001 101 571						
				TIME CARADIETI	-					
2:15				JOB COMPLETE	<u> </u>					
2:15										
2:15				THANK YOU!!!						
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