## KOLAR Document ID: 1676059

**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 #:
Is ACO-1 filed?	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 Water Records		Casing Record (Surface, Conductor & Production)				
Formation	Content	Casing	Size Setting Depth Pulled Out		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:	State: Zip: +
Phone: ( )	
Name of Party Responsible for Plugging Fees:	
State of County,	, \$\$.
(Print Name)	Employee 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.

## Submitted Electronically



**POST OFFICE BOX 438** HAYSVILLE, KS 67060 (316) 524-1225 (316) 524-1027 FAX

Invoice

Page: 1

## Acid & Cement

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

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

3139

## **INVOICE NUMBER:** C80083-IN

LEASE: RUGAN A #1

BILL TO: L.D. DRILLING, INC. 7 SW 26TH AVE GREAT BEND, KS 67530

DATE	ORDER	SALESMAN	ORDER DATE	PURCHASE C	RDER SPECIAL		NSTRUCTIONS		
11/29/2022	80083		11/22/2022	RUGAN A #1			NET 30		
QUANTITY	U/M	ITEM NO./DE	SCRIPTION		D/C	PRICE	EXTENSION		
30.00	MI	MILEAGE CEME	NT PUMP TRUCK		0.00	6.00	6.00 180.00		
1.00	EA	PUMP CHARGE	IARGE PLUG 0.00 700.00				700.00		
150.00	SK	60/40 POZ MIX 2	% GEL		0.00	13.25 1,987			
3.00	SK	2% ADDITIONAL	GEL		0.00	25.25	75.75		
10.00	SK	GEL ON THE SID	Ε		0.00	25.25	252.50		
163.00 E	EA	BULK CHARGE			0.00	1.25	203.75		
1.00	мі	BULK TRUCK - T	ON MILES-MIN CHG		0.00	150.00 150.00			
REMIT TO:		00	S COP			Net Invoice:	3 549 50		
P.O. BOX 438 HAYSVILLE, KS 67060		FUEL SURCHARGE IS NOT TAXABLE AND IS ADDED TO MILEAGE, PUMP AND OR DELIVERY CHARGES ONLY.			STFO		3,549.50		
RECEIVED BY		N	ET 30 DAYS			Invoice Total:	3,815.71		
			f 1.5% "per month" (18	% annual rate)	allector	to out 20 dour -			

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.



80083

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

			DATE	22-Nov 20 22
IS AUTHORIZED BY:	L.D. Drilling			
		(NAME OF CUSTOMER)		
Address		City	State	KS
TO TREAT WELL				
AS FOLLOWS Lease	Rugan	Well No. A #1	Customer Order No.	
Sec. Twp.				
Range		County Stafford	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 accrue in connection with said service or treatment, Copeland Acid Service has made no rapresentation, 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** 

EFORE WORK IS	COMMENCED	Ву						
		Well Owner or Operator	Agent					
CODE	QUANTITY	DESCRIPTION	COST	AMOUNT				
20.0002	30	Mileage P.T.	\$6.00	\$180.00				
20.0003	1	Pump Charge Plug	\$700.00	\$700.00				
20.1002	150	60/40 Poz 2% Gel	\$13.25	\$1,987.50				
20.1004	3	Add. Gel after 2% Per Sack	\$25.25	\$75.75				
20.1005	10	Gel on side per sack	\$25.25	\$252.50				
			<u> </u>					
			-					
			1 1					
20.0011	163	Bulk Charge	\$1.25	\$203.75				
20.0012	101	Bulk Truck Miles ~ Min Cha	\$1.10	\$ 150 )				
		Process License Fee on Gallons						
		TOTAL BILLING		\$3,5 49.5				

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 Representative Joe S.

Station GB

Remarks

Well Owner, Operator or Agent

NET 30 DAYS

# Acid & Cement

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### TREATMENT REPORT

Acid	& Ceme	nt 🕮						Acid Stage N	0.	
					Type Treatment:	Amt.	Type Fluid	Sand Size	Pou	nds of Sand
Date 1	1-/22/2022	District GB	F,O.	No. 80083		Bbl./Gal.				
	L.D. Drilling					Bbl./Gal.				
	e & No. Rugan					Bbl./Gal.				
	Ellin	wood KS	Field			Bbl./Gal.				
County	Stafford		State KS		Flush	Bbl./Gal.				
					Treated from		ft. to	ft.	No. ft.	0
Casing:	Size 51/2	2 Type & Wt.		Set atft,	from		ft. to	ft.	No. ft.	0
Formation	:		Perf.	to	from		ft. to	ft.	No.ft.	0
Formation			Perf.	to	Actual Volume of O	II / Water to Load Ho				Bbl./Gal.
Formation							and the second se			
liner: Si	ze Type 8	k Wt.	Perf. Top at ft.	Bottom at ft.	Pump Trucks, N	No. Used: Std.	Sp.		Twin	
0	Cemented: Yes	▼ Perforated fr	rom	ft. toft.	Auxiliary Equipment	t	320	& 367/308		
lubing:	Size & Wt.		Swung at	ft.	Personnel Joe S. C					
	Perforated F		ft. to		Auxiliary Tools					
				the second design of the local division of the second division of th	Plugging or Sealing	Materials: Type		60/40/4%	& Gel	
Open Hole	Size	T.D.	ft. P							lb.
			1000 100 100 100 100 100 100 100 100 10							
Company	Representative				Treater		Joe	s.		
TIME		SURES	Total Fluid Pumped			REMAR	**			
J.m./p.m.	Tubing	Casing			1.	NEW M				
10:30				On Location and						
10:50				Pump 10 SKS of	GEL and 50 S	SKS 60/40/49	% at 660'			
11:15				Pump 50 SKS 60/	/40/4% at 44	10'				
11:40				Circulate from 40	0' with 50 SK	(S 60/40/4%				
12:00				Job Complete						
				· · · · · · · · · · · · · · · · · · ·						
					- Marty Inc.					