

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

Form CP-4
March 2009

Type or Print on this Form
Form must be Signed
All blanks must be Filled

WELL PLUGGING RECORD
K.A.R. 82-3-117

OPERATOR: License #: _____
 Name: _____
 Address 1: _____
 Address 2: _____
 City: _____ State: _____ Zip: _____ + _____
 Contact Person: _____
 Phone: (_____) _____
 Type of Well: (Check one) Oil Well Gas Well OG D&A Cathodic
 Water Supply Well Other: _____ SWD Permit #: _____
 ENHR Permit #: _____ Gas Storage Permit #: _____
 Is ACO-1 filed? Yes No If not, is well log attached? Yes No
 Producing Formation(s): List All (If needed attach another sheet)
 _____ Depth to Top: _____ Bottom: _____ T.D. _____
 _____ Depth to Top: _____ Bottom: _____ T.D. _____
 _____ Depth to Top: _____ Bottom: _____ T.D. _____

API No. 15 - _____
 Spot Description: _____
 _____ - _____ - _____ - _____ Sec. _____ Twp. _____ S. R. _____ East West
 _____ Feet from North / South Line of Section
 _____ Feet from East / West Line of Section
 Footages Calculated from Nearest Outside Section Corner:
 NE NW SE SW
 County: _____
 Lease Name: _____ Well #: _____
 Date Well Completed: _____
 The plugging proposal was approved on: _____ (Date)
 by: _____ (KCC District Agent's Name)
 Plugging Commenced: _____
 Plugging Completed: _____

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

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, _____, ss.
 _____ Employee of Operator or Operator on above-described well,
 (Print Name)

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

COPELAND

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

Invoice

Acid & Cement

BURRTON, KS ♦ GREAT BEND, KS
 (620) 463-5161 (620) 793-3366
 FAX (620) 463-2104 FAX (620) 793-3536

INVOICE NUMBER:
C60731-IN

BILL TO:
 NOVY OIL & GAS, INC.
 PO BOX 559
 GODDARD, KS 67052

LEASE: BEYMER B-2

DATE	ORDER	SALESMAN	ORDER DATE	PURCHASE ORDER	SPECIAL INSTRUCTIONS	
12/29/2022	60731		12/27/2022	BEYMER B-2	NET 30	
QUANTITY	U/M	ITEM NO./DESCRIPTION		D/C	PRICE	EXTENSION
120.00	MI	MILEAGE CEMENT PUMP TRUCK		0.00	6.00	720.00
1.00	EA	PUMP CHARGE PLUG		0.00	700.00	700.00
175.00	SK	60/40 POZ MIX 2% GEL		0.00	13.25	2,318.75
4.00	SK	2% ADDITIONAL GEL		0.00	25.25	101.00
100.00	LB	COTTONSEED HULLS		0.00	0.50	50.00
181.00	EA	BULK CHARGE		0.00	1.25	226.25
477.84	MI	BULK TRUCK - TON MILES		0.00	1.10	525.62
REMIT TO: P.O. BOX 438 HAYSVILLE, KS 67060		COP		Net Invoice:		4,641.62
RECEIVED BY _____		FUEL SURCHARGE IS NOT TAXABLE AND IS ADDED TO MILEAGE, PUMP AND OR DELIVERY CHARGES ONLY.		KEACO Sales Tax:		301.71
		NET 30 DAYS		Invoice Total:		4,943.33

There will be a charge of 1.5% "per month" (18% annual rate) on all accounts over 30 days pas



TREATMENT REPORT

Acid Stage No. _____

Date 12/27/2022 District GB F.O. No. C6073
 Company NOVY OIL AND GAS
 Well Name & No. BEYMER B-2
 Location 16-21-35W Field _____
 County KEARNY State KS

Type Treatment: Amt. Type Fluid Sand Size Pounds of Sand
 Bkdown _____ Bbl./Gal. _____
 _____ Bbl./Gal. _____
 _____ Bbl./Gal. _____
 _____ Bbl./Gal. _____
 Flush _____ Bbl./Gal. _____

Casing: Size 4 1/2 Type & Wt. _____ Set at _____ ft.
 Formation: _____ Perf. _____ to _____
 Formation: _____ Perf. _____ to _____
 Formation: _____ Perf. _____ to _____

Treated from _____ ft. to _____ ft. No. ft. 0
 from _____ ft. to _____ ft. No. ft. 0
 from _____ ft. to _____ ft. No. ft. 0

Liner: Size _____ Type & Wt. _____ Top at _____ ft. Bottom at _____ ft.
 Cemented: Perforated from _____ ft. to _____ ft.
 Tubing: Size & Wt. 2 3/8 Swung at _____
 Perforated from _____ ft. to _____ ft.

Actual Volume of Oil / Water to Load Hole: _____ Bbl./Gal.

Pump Trucks. No. Used: Std. 320 Sp. _____ Twin _____
 Auxiliary Equipment 360-310T
 Personnel GREG CLARENCE
 Auxiliary Tools _____

Open Hole Size _____ T.D. _____ ft. P.B. to _____ ft.

Plugging or Sealing Materials: Type 60/40 POZ 4% GEL
 Gals. _____ lb. _____

Company Representative KIRK GLENN Treater GREG C.

TIME a.m./p.m.	PRESSURES		Total Fluid Pumped	REMARKS
	Tubing	Casing		
8:45				ON LOCATION
				PUMP 35 SKS & 100# HULLS @ 2214'
				PULL TUBING
				SET CIBP @ 998'
				PSI TEST CASING, HELD.
				PERF @ 975' & 310'
				PUMP 30 SKS @ 760'. SHUT ANNULUS IN. PUMP 1.5 BBLS. PSI TO 1100'
				OPEN ANNULUS AND DISPLACE WITH 1.5 BBLS H2O. PULL TUBING.
				TIE ON TO 4 1/2 AND CIRCULATE CEMENT BETWEEN PRODUCTION CASING AND SURFACE CASING. TOOK 110 SKS
				HOLE STAYED FULL
5:45				JOB COMPLETE
				THANK YOU!!!

GRESSEL OIL FIELD SERVICE

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

Invoice

Page: 1

BURRTON, KS ♦ GREAT BEND, KS ♦ HAYS, KS ♦
 (620) 463-5161 (620) 793-3366 (785) 628-3220

**INVOICE NUMBER:
 L2667-IN**

BILL TO:
 NOVY OIL & GAS, INC.
 PO BOX 559
 GODDARD, KS 67052

LEASE: BEYMER B #2

DATE	ORDER	SALESMAN	ORDER DATE	PURCHASE ORDER	SPECIAL INSTRUCTIONS	
12/31/2022	2667		12/27/2022	BEYMER B #2	NET 30	
QUANTITY	U/M	ITEM NO./DESCRIPTION		D/C	PRICE	EXTENSION
		PERFORATED WITH TITAN 3323-323T, SQUEEZE HOLE, AS FOLLOWS: FROM 310' TO 311', WITH 4 SHOTS AND FROM 975' TO 976', WITH 4 SHOTS. SET 4 1/2" WEATHERFORD CIBP AT 998'.				
1.00	EACH	SET UP WIRELINE		0.00	1,000.00	1,000.00
1.00	EACH	PERFORATE - 1ST 4 SHOTS		0.00	1,200.00	1,200.00
1.00	EACH	PERFORATE - NEXT 4 SHOTS		0.00	700.00	700.00
1.00	EACH	CAST IRON BRIDGE PLUG		0.00	850.00	850.00
1.00	EACH	SET CIBP AT 998' - MIN CHARGE		0.00	660.00	660.00
REMIT TO: P.O. BOX 438 HAYSVILLE, KS 67060		LTG		Net Invoice:		4,410.00
RECEIVED BY _____		NET 30 DAYS		KEACO Sales Tax:		163.15
				Invoice Total:		4,573.15

There will be a charge of 1.5% (18% annual rate) on all accounts over 30 days past due.
 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.



2667

Field Service, LLC

P.O. BOX 438
 Haysville, KS 67060
 (316) 524-1225 • FAX (316) 524-1027

Date 12-27-22

CHARGE TO: Novy Oil & Gas, Inc
 ADDRESS _____
 R/A SOURCE NO. _____ CUSTOMER ORDER NO. _____
 LEASE AND WELL NO. Beymer "B" #2 FIELD _____
 NEAREST TOWN _____ COUNTY Kearny STATE KS
 SPOT LOCATION NW-SE NW-SE SEC. 11 16 TWP. 21S RANGE 35W
 ZERO G.L. CASING SIZE 4 1/2 WEIGHT _____
 CUSTOMER'S T.D. _____ GRESSEL _____ FLUID LEVEL _____
 ENGINEER Lee Bretz OPERATOR _____

PERFORATING					
Description	No. Shots	Depth		Amount	
		From	To		
Titan 3323-323T Squeeze Holes	4	310	311	1200	00
" " " " "	4	975	976	700	00

DEPTH AND OPERATIONS CHARGES					
Description	Depth		Total No. Ft.	Price Per Ft.	Amount
	From	To			
Set 4 1/2" Weatherhead CIBP at 998'	0	998	3000' NATN	.22	660 00

MISCELLANEOUS		
Description	Quantity	Amount
Service Charge	1	1000 00
4 1/2" Weatherhead CIBP	1	850 00

PRICES SUBJECT TO CORRECTION BY BILLING DEPARTMENT

RECEIVED THE ABOVE SERVICES ACCORDING TO THE TERMS AND CONDITIONS SPECIFIED ON THE REVERSE SIDE TO WHICH WE HEREBY AGREE.

.....Sub Total	4410 00
.....Tax	
.....	
.....	

Customer Signature _____ Date _____