KOLAR Document ID: 1682008

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 #: SWD Permit #: ENHR Permit #: Gas Storage Permit #: Gas Storage Permit #: SWD Permit #: SWD 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.	County: Well #: Well #: Date Well Completed: The plugging proposal was approved on: (Date) by: (KCC District Agent's Name) Plugging Commenced:
Depth to Top: Bottom: T.D. Depth to Top: Bottom: T.D.	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.	
(Print Name)	Employee of Operator or	r 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

Invoice

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: C60740-IN

LEASE: ROLFS #2

DATE ORDER ORDER DATE PURCHASE ORDER SPECIAL INSTRUCTIONS SALESMAN 01/16/2023 ROLFS #2 60740 01/09/2023 **NET 30** QUANTITY U/M **ITEM NO./DESCRIPTION** D/C PRICE **EXTENSION** 60.00 ML MILEAGE CEMENT PUMP TRUCK 0.00 360.00 6.00 1.00 EΑ PUMP CHARGE PLUG 0.00 700.00 700.00 140.00 SK COMMON CEMENT 0.00 16.75 2,345.00 8.00 SK CALCIUM CHLORIDE 0.00 42.00 336.00 148.00 185.00 ËΑ **BULK CHARGE** 0.00 1.25 208.68 ML **BULK TRUCK - TON MILES** 0.00 1.10 229.55 7/9/43 14717.0002 Ucli Rie Cement to Mus COP **REMIT TO:** 4,155.55 Net Invoice: P.O. BOX 438 ELSCO HAYSVILLE, KS 67060 FUEL SURCHARGE IS NOT TAXABLE AND IS ADDED TO Sales Tax: 311.67 MILEAGE, PUMP AND OR DELIVERY CHARGES ONLY. 4.467.22 Invoice Total: RECEIVED BY **NET 30 DAYS**

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.

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



HELD ORDER Nº C_____

Bу

60740

BOX 438 - HAYSVILLE, KANSAS 67060

316-524-1225

			DATE	<u>9-Jan</u> 20 <u>23</u>
IS AUTHORIZED BY:	CARMEN SCHMITT INC.			
		(NAME OF CUSTOMER)		
Address		City	State	KS
TO TREAT WELL				
AS FOLLOWS Lease	ROLFS	Well No. 2	_Customer Order No.	
Sec. Twp.				
Range <u>36-16-9W</u>		County ELLSWORTH	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 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 ellowed subsequent to such date. 6% interest will be charged after 60 days. Totel 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 Owner or Operator	Age	nt
CODE	QUANTITY	DESCRIPTION	UNIT COST	AMOUNT
20.0002	60	Mileage P.T.	\$6.00	\$360.0
20.0003	1	Pump Charge Plug	\$700.00	\$700.00
20.1001	140	Common Cement Sack	\$16.75	\$2,345.00
20.1012	8	Calcium Chloride per 50 lb.	\$42.00	\$336.00
				Min. American Line
20.0011	148	Bulk Charge	\$1.25	\$185.00
20.0012	208.68	Bulk Truck Miles	\$1.10	\$229.55
		Process License Fee on Gallons		
		TOTAL BILLING		\$4,155.55

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 GREG C.

Station GB

CURTIS HITSCHMANN

Remarks

NET 30 DAYS

Well Owner, Operator or Agent



. .

TREATMENT REPORT

Acia & cement <u>B&</u>							Acid Stage No.			
	1/9/2023 CARMEN SCI		F.Ö.	. No. <u>C60740</u>	Type Treatment: Am Bkdown	Bbl./Gal		Sand Size	Pounds of Sand	
Well Nan	ne & No. ROLFS	#2				Bbl./Gal.				
location			Field			Bbl./Gal.				
County	ELLSWORTH		State KS		Flush	Bbl./Gal.				
	***************************************				Treated from					
asing:	Size 51/2	2 Type & Wt.		Set atft.	Treated from		10	11. NO		
ormatio):		Perf	to to			to		o. ft	
					from		. to	ft. No	o, ft. 0	
	·····		and the second se		Actual Volume of Oil / Wat	ter to Load Hole			8bl./Gal.	
ormation	۰. 	······	Perf.							
ner: 5	2e Type &	WI	Top at ft.	Bottom atft.	Pump Trucks. No. User	l: Std. <u>3</u>	20 Sp.	Ţ,	win	
	emented: Yes	Perforated f	rom	ft, toft,	Auxiliary Equipment			60-310T		
bing:					Personnel GREG CLARE	NCE				
	Perforated fr	0711	ft. to	ft.	Auxiliary Tools				·····	
					Plugging or Sealing Materia	ils: Type		COMMON 3%	6 CC	
pen Hok	Size	1.0.	ft. P		k			Gals.		
				an a						
mpany	Representative		CURTIS	: н .	Treater		GRE	G C.		
TIME	PRES	SURES		[
n./p.m.	Tubing	Casing	- Total Fluid Pumped			REMARKS	5			
00				ON LOCATION						
				PUMP 50 SKS CO			\A/AET 1 1/			
						<u>@ 1130.</u>	WAN IN	JUK		
						7001/0/	~			
				CIRCULATE CEIVI	ENT FROM 300'.	1008.80	}			

				TOPPED OFF WI	TH 10 SKS					
2:30				JOB COMPLETE						
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