KOLAR Document ID: 1680862

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 #:			I APIN	lo. 15 -					
OPERATOR: License #:				API No. 15Spot Description:					
Address 1:			1 '	•	wp S. R East West				
				Feet from					
City: State: Zip: +				Feet from East / West Line of Section					
Contact Person:			Foota	Footages Calculated from Nearest Outside Section Corner:					
Phone: ()				NE NW	SE SW				
Water Supply Well ENHR Permit #: Is ACO-1 filed? Yes Producing Formation(s): List	Other: Gas S No If not, is w All (If needed attach anoth	Storage Permit #:	Lease Date No The p	County: Well #: Well #: The plugging proposal was approved on: (KCC District Agent's Name) Plugging Commenced:					
Depth to	•	ttom: T.D	Plugg						
Depth to		ttom:T.D	Plugg	Plugging Completed:					
Бериги	о юр во	itom 1.D							
Show depth and thickness of	all water, oil and gas for	mations.	•						
Oil, Gas or Wate	r Records		Casing Record	Casing Record (Surface, Conductor & Production)					
Formation	Content	Casing	Size	Setting Depth	Pulled Out				
	•	gged, indicating where the mu of same depth placed from (b	•		ods used in introducing it into the hole. If				
Plugging Contractor License #: Na				c					
Address 1: Address				s 2:					
City:			State:	:	Zip:+				
Phone: ()									
Name of Party Responsible for	or Plugging Fees:								
State of	/ ,	, SS.							
(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.

Acid & Cement

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

Invoice

LEASE: HAYSE 1-5

Page: 1

BURRTON, KS . GREAT BEND, KS (620) 463-5161

(620) 793-3366 FAX (620) 463-2104 FAX (620) 793-3536

INVOICE NUMBER: C60745-IN

BILL TO:

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

DATE	ORDER	SALESMAN ORDER DATE PURCHASE ORDER		ORDER	SPECIAL INSTRUCTIONS NET 30			
01/16/2023	60745	01/13/2023 HAYSE 1-5						
QUANTITY	U/M	ITEM NO./DESCRIPTION			D/C	PRICE	EXTENSION	
		NEW WELL					, , , , , , , , , , , , , , , , , , , ,	
90.00	МІ	MILEAGE CEME	MILEAGE CEMENT PUMP TRUCK			6.00	540.00	
1.00	EA	PUMP CHARGE ROTARY PLUG			0.00	1,150.00	1,150.00	
170.00	sĸ	60/40 POZ MIX 2% GEL			0.00	13.25	2,252.50	
3.00	sĸ	2% ADDITIONAL GEL			0.00	25.25	75.75	
50.00	LB	CELLO-FLAKES			30.00	3.25	113.75	
1.00	LOT	TAXABLE PORTION OF ACID/ADD			0.00	48.75	48.75	
175.00	EA	BULK CHARGE			0.00	1.25	218.7	
346.50	МІ	BULK TRUCK - TON MILES			0.00	1.10	381.1	
		BP	710/43 0140,0105 Vell Ale Cement to the	^y }				
REMIT TO: P.O. BOX 438 HAYSVILLE, KS 67060		СОР			Net Invoice:	4,780.6		
		FUEL SURCHARGE IS NOT TAXABLE AND IS ADDED TO MILEAGE, PUMP AND OR DELIVERY CHARGES ONLY.		KIOCC		178.28		
ECEIVED BV	·····	1		morsoni.		Invoice Total:	4,958.9	
ECEIVED BY			NET 30 DAYS					

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





ORDER Nº C

60745

316-524-1225

				DATE	13-Jan	2023
IS AUTHORIZ	ED BY: CA	RMEN SCHMITT INC.				
Address			E OF CUSTOMER)	Chaha	I/O	
TO TREAT W	ELI	Oity		State	KS	
AS FOLLOWS		YSE Well I	No. 1-5 Custo	omor Ordor No		
Sec. Twp.		VVCIII	No. <u>1-5</u> Custo	oniei Order No.	-	
Range 5-29-1	19W	Coun	ty KIOWA	State	Ke	
CONDITIONS: As a possible held liable for any implied, and no represented the realment is payable, but invoicing departments.	part of the consideration damage that may accessive that may accessive the considerations have been a consideration accordance with accordance with a consideration accordance with a consider	on hereof it is agreed that Copeland Acid is to service or treat at owner true in connection with said service or treatment. Copeland Acid Service in connection with said service or treatment. Copeland Acid Service on, as to what may be the results or effect of the servicing or truent allowed subsequent to such date. 6% interest will be charged after his latest published price schedules. Imself to be duly authorized to sign this order for well owner	ers risk, the hereinbefore mentioned well a ice has made no representation, expresse reating said well. The consideration of said er 60 days. Total charges are subject to co	nd is not to	NO	
BEFORE WORK IS			Ву			
		Well Owner or Operator			Agent	
CODE	QUANTITY	DESCRIPTION	1	UNIT COST	AM	TNUON
20.0002	90	Mileage P.T.		\$6.00		\$540.00
20.0006	1	Pump Charge Rotary Plug		\$1,150.00		\$1,150.00
20.1002	170	60/40 Poz 2% Gel		\$13.25		\$2,252.50
20.1004	3	Add. Gel after 2% Per Sack		\$25.25		\$75.75
20.1013	50	Celloflake per lb.		\$3.25		\$162.50
20.0011	175	Bulk Charge		\$1.25		\$218.75
20.0012	346.5	Bulk Truck Miles		\$1.10		\$381.15
		Process License Fee on	Gallons			
			TOTAL BILLING			\$4,780.65
manner und	the above mater the direction er the direction epresentative	erial has been accepted and used; that the ab n, supervision and control of the owner,operate GREG C.	ove service was performed	in a good and w	orkmanl low.	ike
Station GE			MATT SUCHY			
Remarks				ner, Operator or Age	ent	

NET 30 DAYS