

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 #: _____
 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

INVOICE NUMBER:
C50597-IN

BILL TO:

CURT'S OIL OPERATIONS, LLC
PO BOX 328
HOISINGTON, KS 67544

LEASE: OESER #3

North or South

DATE	ORDER	SALESMAN	ORDER DATE	PURCHASE ORDER	SPECIAL INSTRUCTIONS	
09/30/2022	50597		09/27/2022	OESER #3	NET 30	
QUANTITY	U/M	ITEM NO./DESCRIPTION	D/C	PRICE	EXTENSION	
90.00	MI	MILEAGE PICKUP	0.00	4.00	360.00	
90.00	MI	MILEAGE CEMENT PUMP TRUCK	0.00	6.00	540.00	
3.00	EA	PUMP CHARGE PLUG	0.00	700.00	2,100.00	
505.00	SK	COMMON CEMENT	0.00	16.75	8,458.75	
495.00	SK	60/40 POZ MIX 2% GEL	0.00	13.25	6,558.75	
9.00	SK	2% ADDITIONAL GEL	0.00	25.25	227.25	
5.00	SK	GEL ON THE SIDE	0.00	25.25	126.25	
900.00	LB	COTTONSEED HULLS	0.00	0.50	450.00	
1,014.00	EA	BULK CHARGE	0.00	1.25	1,267.50	
693.30	MI	BULK TRUCK - TON MILES	0.00	1.10	762.63	
REMIT TO:		COP		Net Invoice:		20,851.13
P.O. BOX 438 HAYSVILLE, KS 67060		FUEL SURCHARGE IS NOT TAXABLE AND IS ADDED TO MILEAGE, PUMP AND OR DELIVERY CHARGES ONLY.		BATCO Sales Tax:		1,563.83
RECEIVED BY _____		NET 30 DAYS		Invoice Total:		<u><u>22,414.96</u></u>

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



FIELD ORDER N° C 50597

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

DATE 27-Sep 20 22

IS AUTHORIZED BY: Curts Oil (NAME OF CUSTOMER)
Address _____ City _____ State KS

TO TREAT WELL
AS FOLLOWS Lease Oeser Well No. 3 Customer Order No. _____

Sec. Twp. _____
Range _____ County Barton 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 hereinafter 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 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

By _____ Agent
Well Owner or Operator

CODE	QUANTITY	DESCRIPTION	UNIT COST	AMOUNT
20.0001	90	Mileage P. U.	\$4.00	\$360.00
20.0002	90	Mileage P. T.	\$6.00	\$540.00
20.0003	3	Pump Charge Plug	\$700.00	\$2,100.00
20.1001	505	Common Cement Sack	\$16.75	\$8,458.75
20.1002	495	60/40 Poz 2% Gel	\$13.25	\$6,558.75
20.1004	9	Add. Gel after 2% Per Sack	\$25.25	\$227.25
20.1005	5	Gel on side per sack	\$25.25	\$126.25
20.1017	900	Hulls per lb.	\$0.50	\$450.00
20.0011	1014	Bulk Charge	\$1.25	\$1,267.50
20.0012	693.3	Bulk Truck Miles	\$1.10	\$762.63
		Process License Fee on		
		Gallons		
		TOTAL BILLING		\$20,851.13

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 Nathan W.
Station GB Curtis H. Well Owner, Operator or Agent

Remarks _____
NET 30 DAYS



TREATMENT REPORT

Acid Stage No. _____

Date 9/27/2022 District GB F.O. No. 50597

Company Curts Oil

Well Name & No. Oeser #3

Location _____
 County Barton Field _____
 State KS

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

Bkdown: _____ Bbl./Gal. _____
 _____ Bbl./Gal. _____
 _____ Bbl./Gal. _____

Flush _____ Bbl./Gal. _____

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

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

Pump Trucks. No. Used: 365 Sp. _____ Twin _____
 Auxiliary Equipment _____ 360

Personnel Nathan Joe Greg Clarence
 Auxiliary Tools _____

Plugging or Sealing Materials: Type _____ Gals. _____ lb.

Company Representative _____ Curtis H. _____ Treater _____ Nathan W.

TIME a.m./p.m.	PRESSURES		Total Fluid Pumped	REMARKS
	Tubing	Casing		
9:30	5.5"			9/27/2022 On Location.
				Pump 10bbbls of water to establish a blown on annulus.
				Mix 200sks Common 3% CC and 250sks 60/40poz 4% gel with 400# Hulls.
				Had circulation half way through mixing.
				Pull tubing and shut down.
8:00	5.5"			9/28/22 On Location.
				Run in to 1200' Did not tag cement.
				Mix 5sks of gel with 500# Hulls to attempt to get circulation. Mix 375sks and had circulation then lost circulation.
				Shut down until 9/30/22
8:00	5.5"			On Location. Tag cement at 598'
				Mix 160sks. Circulated out both ways.
				Top off with 15sks.
				Thank You! Nathan W.



Wireline SERVICES, Inc.

P.O. Box 87
HAYS, KS 67601-0087
(785) 623-3969

DATE INVOICE #

9/28/2022 16239

BILL TO

Curt's Oil Operations LLC
PO Box 328
Hoisington, Ks 67544

SERVICE DATE	DESCRIPTION	ITEM	AMOUNT
9/26/2022	South OESER No. 3 Barton County Kansas		
9/26/2022	Incomplete Operations Charge Rigged up on well to Free Point & Back Off tubing.	Incomplete	545.00T
9/27/2022	Perforated to plug well 2 holes at 745' 2 holes at 475' 2 holes at 300'	PERF	1,150.00T
	Truck Rental Sales Tax	Truck set up	445.00T 160.50

Thank you for your business.

Total

\$2,300.50



P.O. Box 87
 HAYS, KS 67601-0087
 (785) 623-3969

DATE	INVOICE #
10/12/2022	16133

BILL TO

Curt's Oil Operations LLC
 PO Box 328
 Hoisington, Ks 67544

SERVICE DATE	DESCRIPTION	ITEM	AMOUNT
10/12/2022	South Oeser # 3 Barton County Kansas Perforated to plug well 2 holes at 1400' 2 holes at 750' 2 holes at 250'	PERF	1,150.00T
	Truck Rental Sales Tax	Truck set up	445.00T 119.63

Thank you for your business.	Total	\$1,714.63
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