

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



Service Order No.
4945

457 Yucca Lane • Pratt, Kansas 67124 • 620-388-5676

Date 1/26/2023

Company <u>FG Hall</u>		Client Order# <u>OW</u>	
Billing Address		City	State
Lease & Well # <u>Collman H1-9</u>		Field Name	Legal Description (coordinates)
County <u>Edwards</u>	State <u>Kansas</u>	Casing Size	Casing Weight
Fluid Level (surface)	Reading from	Customer T.D.	Excel Wireline T.D.
Engineer <u>W. Wilson</u>	Operator <u>J. Colten</u>	Operator	Unit# <u>02</u>

Product Code	Description	Qty	Unit Price	Depth		\$ Amount
				From	To	
	Service Charge					
	Jet Cutter @ 3650					
	struck out at 2758'					
	2 riser lines struck out at 3047'					
	clean out stuck at 3075'					
1-37-22	Service Charge					
	Jet Cutter Depth + Cut	1	.75	0	3650	

Received the above service according to the terms and conditions specified below, which we have read and to which we hereby agree.

Customer Rob Sore

General Terms and Conditions

- (1) All accounts are to be paid within the terms fixed by Excel Wireline invoices and should these terms not be observed, interest at the rate of 1.5% per month will be charged from the date of such invoice. Interest, Attorney, Court, Filing and other fees will be added to accounts turned over to collections.
- (2) Because of the uncertain conditions existing in a well which are beyond the control of Excel Wireline, it is understood by the customer that Excel Wireline cannot guarantee the results of their services and will not be held responsible for personal or property damage in the performance of their services.
- (3) Should any of Excel Wireline instruments be lost or damaged in the performance of the operations requested, the customer agrees to make every reasonable effort to recover same, and to reimburse Excel Wireline for the value of the items which cannot be recovered or for the cost of repairing damage to items recovered.
- (4) It is further understood and agreed that all depth measurements shall be supervised by the customer or its employees, and customer hereby certifies that the zones, as shot, were approved.
- (5) The customer certifies that it has the full right and authority to order such work on such well, and that the well in which the work to be done by Excel Wireline is in proper and suitable condition for the performance of said work.
- (6) No employee is authorized to alter the terms or conditions of this agreement.

SUBTOTAL
DISCOUNT
SUBTOTAL
TAX
NET TOTAL

MID-CONTINENT ENERGY EXCHANGE
Oil And Gas Asset Auctions



Excel Wireline, LLC

457 Yucca Lane

Invoice

Date of Service	Due Date
1/26/2023	2/25/2023

Bill To
F.G. Holl Company, LLC P.O. Box 308 Ellinwood, KS 67526-0308


Invoice #
4945

Lease	Well #	County	Truck
Coffman #1-9	Old	Edwards	#2

Quantity	Description	Unit Price	Amount
1	Service Charge, Jet Cutter, Stacked Out x2 1/27/23- Service Charge, Jet Cutter Depth & Cutter		

FEB 03 2023

ROB LONG



MID-CONTINENT ENERGY EXCHANGE
Oil And Gas Asset Auctions

316-217-8820
www.mceeauction.com

Thank you for your business!

All accounts are to be paid within 30 days from date of invoice with Excel Wireline and should these terms not be observed, interest at the rate of 1.5% per month will be charged from the date of such invoice. Interst, Attorney, Court, Filing and other fees will be added to accounts turned over to collections.

Subtotal
Sales Tax (7.5%)
Balance Due



MID-CONTINENT ENERGY EXCHANGE
Oil And Gas Asset Auctions



TREATMENT REPORT

Acid Stage No. _____

Date 1/31/2023 District GB F.O. No. C60757
 Company FG HOLL
 Well Name & No. COFFMAN 1-9
 Location _____ Field _____
 County EDWARDS State KS
 Casing: Size 4 1/2 Type & Wt. _____ Set at _____ ft.
 Formation: _____ Perf. _____ to _____
 Formation: _____ Perf. _____ to _____
 Formation: _____ Perf. _____ to _____
 Liner: Size _____ Type & Wt. _____ Top at _____ ft. Bottom at _____ ft.
 Cemented: Perforated from _____ ft. to _____ ft.
 Tubing: Size & Wt. 2 3/8 Swung at _____ ft.
 Perforated from _____ ft. to _____ ft.
 Open Hole Size _____ T.D. _____ ft. P.B. to _____ ft.

Type Treatment: Amt. Type Fluid Sand Size Pounds of Sand
 Bkdown _____ Bbl./Gal. _____
 _____ 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: Std. 320 Sp. _____ Twin _____
 Auxiliary Equipment 367
 Personnel GREG CLARENCE
 Auxiliary Tools _____
 Plugging or Sealing Materials: Type 60/40 POZ 4% GEL
 _____ Gals. _____ lb.

Company Representative ROB LONG Treater GREG C.

TIME a.m./p.m.	PRESSURES		Total Fluid Pumped	REMARKS
	Tubing	Casing		
11:00				ON LOCATION
				PUMP 25 SKS @ 3650
				ATTEMPT TO CIRCULATE FROM 1100', PUMPED 150 SKS, LOST CIRCULATION
				PULL UP TO 550'
				CIRCULATE CEMENT FROM 550', TOOK 25 SKS
				TOPPED OFF WITH 20 SKS
				TIED ON TO SURFACE PIPE, PUMPED 5 SKS, PSI TO 300#
2:45				JOB COMPLETE
				THANK YOU!!!

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

DATE 31-Jan 20 23

IS AUTHORIZED BY: FG HOLL
(NAME OF CUSTOMER)

Address _____ City _____ State KS

TO TREAT WELL
AS FOLLOWS Lease COFFMAN Well No. 1-9 Customer Order No. _____

Sec. Twp. _____
Range _____ County EDWARDS 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 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 _____ Well Owner or Operator Agent

CODE	QUANTITY	DESCRIPTION	UNIT COST	AMOUNT
20.0002	80	Mileage P. T.	\$4.50	
20.0003	1	Pump Charge Plug	\$700.00	
20.1002	225	60/40 Poz 2% Gel	\$13.25	
20.1004	4	Add. Gel after 2% Per Sack	\$25.25	
20.0011	229	Bulk Charge	\$1.25	
20.0012	403.04	Bulk Truck Miles	\$1.10	
		Process License Fee on Gallons		
TOTAL BILLING				



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 ROB LONG
Well Owner, Operator or Agent

Remarks _____

NET 30 DAYS

COPELAND

Acid & Cement

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

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

Invoice

INVOICE NUMBER:
C60757-IN

BILL TO:
 F. G. HOLL COMPANY LLC
 P.O. BOX 308
 ELLINWOOD, KS 67526

LEASE: COFFMAN 1-9

DATE	ORDER	SALESMAN	ORDER DATE	PURCHASE ORDER	SPECIAL INSTRUCTIONS	
01/31/2023	60757		01/31/2023	COFFMAN 1-9	NET 30	
QUANTITY	U/M	ITEM NO./DESCRIPTION		D/C	PRICE	EXTENSION
80.00	MI	MILEAGE CEMENT PUMP TRUCK		0.00		
1.00	EA	PUMP CHARGE PLUG		0.00		
225.00	SK	60/40 POZ MIX 2% GEL		0.00		
4.00	SK	2% ADDITIONAL GEL		0.00		
229.00	EA	BULK CHARGE		0.00		
403.04	MI	BULK TRUCK - TON MILES		0.00		
		FEB 09 2023 ROB LONG				
REMIT TO: P.O. BOX 438 HAYSVILLE, KS 67060		COP		Net Invoice: EDWCO Sales Tax: Invoice Total:		
RECEIVED BY _____		NET 30 DAYS				



MID-CONTINENT ENERGY EXCHANGE
Oil And Gas Asset Auctions



MID-CONTINENT ENERGY EXCHANGE
Oil And Gas Asset Auctions

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.