

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



2670

Field Service, LLC

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

Date 1-6-23

CHARGE TO: Curtis Oil Operations, LLC

ADDRESS _____

R/A SOURCE NO. _____ CUSTOMER ORDER NO. _____

LEASE AND WELL NO. South Dancer #6 FIELD _____

NEAREST TOWN _____ COUNTY Barton STATE KS

SPOT LOCATION SW SE-SW SEC. 30 TWP. 16S RANGE 11W

ZERO G.L. CASING SIZE 5 1/2 WEIGHT _____

CUSTOMER'S T.D. _____ GRESSEL _____ FLUID LEVEL _____

ENGINEER Lee Bretz OPERATOR _____

Item	3323	323T	Squeeze	Holes	4	300	301	1200	00
"	"	"	"	"	4	770	771	700	00
"	"	"	"	"	4	1400	1401	700	00

Service Charge						1	1600	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.

Bid	Sub Total	3600	00
	Tax	1600	00

Customer Signature _____ Date _____



FIELD ORDER N° C 60738

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

DATE 6-Jan 20 23

IS AUTHORIZED BY: CURT'S OIL (NAME OF CUSTOMER)

Address _____ City _____ State KS

TO TREAT WELL

AS FOLLOWS Lease SOUTH OESER Well No. 6 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 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	40	Mileage P.T.	\$6.00	\$240.00
20.0003	1	Pump Charge Plug	\$700.00	\$700.00
20.1002	255	60/40 Poz 2% Gel	\$13.25	\$3,378.75
20.1004	5	Add. Gel after 2% Per Sack	\$25.25	\$126.25
20.1005	10	Gel on side per sack	\$25.25	\$252.50
20.2017	200	Hulls Per lb.	\$0.50	\$100.00
20.0011	270	Bulk Charge	\$1.25	\$337.50
20.0012	237.6	Bulk Truck Miles	\$1.10	\$261.36
		Process License Fee on Gallons		
		TOTAL BILLING		\$5,396.36

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 H.
Well Owner, Operator or Agent

Remarks _____

NET 30 DAYS

