

**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.

(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.

Submitted Electronically

# COPELAND

## Acid & Cement

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

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

**Invoice**

Page: 1

INVOICE NUMBER:  
C60736-IN

BILL TO:

LB EXPLORATION, INC.  
2135 SECOND RD  
HOLYROOD, KS 67450-9021

LEASE: DOLECHECK #1

DATE	ORDER	SALESMAN	ORDER DATE	PURCHASE ORDER	SPECIAL INSTRUCTIONS		
01/16/2023	60736		01/04/2023	DOLECHECK #1	NET 30		
QUANTITY	U/M	ITEM NO./DESCRIPTION			D/C	PRICE	EXTENSION
40.00	MI	MILEAGE CEMENT PUMP TRUCK			0.00	6.00	240.00
1.00	EA	PUMP CHARGE PLUG			0.00	700.00	700.00
310.00	SK	60/40 POZ MIX 2% GEL			0.00	14.25	4,417.50
6.00	SK	2% ADDITIONAL GEL			0.00	25.25	151.50
500.00	LB	COTTONSEED HULLS			0.00	0.50	250.00
326.00	EA	BULK CHARGE			0.00	1.25	407.50
286.88	MI	BULK TRUCK - TON MILES			0.00	1.10	315.57
<b>REMIT TO:</b> P.O. BOX 438 HAYSVILLE, KS 67060		COP  FUEL SURCHARGE IS NOT TAXABLE AND IS ADDED TO MILEAGE, PUMP AND OR DELIVERY CHARGES ONLY.			Net Invoice: BATCO	6,482.07 486.16	
<b>RECEIVED BY</b>					Invoice Total:		<b>6,968.23</b>
<b>NET 30 DAYS</b>							

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

Copeland Acid &amp; 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.



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

## FIELD ORDER

Nº C

60736

IS AUTHORIZED BY: LB EXPLORATION

(NAME OF CUSTOMER)

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

TO TREAT WELL  
AS FOLLOWS. Please DOLECHECK Well No. 1 Customer Order No. \_\_\_\_\_

AS FOLLOWS: Leave UNCHECKED \_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_

Sec. Twp.  
Range 22-16-14W 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

---

**Well Owner or Operator**

By

## Agent

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.

MICHAEL PETERMAN

**Well Owner, Operator or Agent**

### Remarks

**NET 30 DAYS**



## TREATMENT REPORT

Acid Stage No. \_\_\_\_\_

Date 1/4/2023 District GB F.O. No. C60736

Company LB EXPLORATION

Well Name & No. DOLECHECK #1

Location 22-16-14W Field

County BARTON State KS

Casing: Size 5 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. P

Cemented: Yes ▼ Perforated from \_\_\_\_\_ ft. to \_\_\_\_\_ ft. A

Tubing: Size & Wt. \_\_\_\_\_ Swung at \_\_\_\_\_ ft. \_\_\_\_\_

Perforated from \_\_\_\_\_ ft. to \_\_\_\_\_ ft. A

10. *Journal of the American Statistical Association*, 1980, 75, 362-375.

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		360-310T		
Personnel <u>GREG CLARENCE</u>				
Auxiliary Tools				
Plugging or Sealing Materials:		Type	60/40 4% GEL	
			Gals.	lb.

### Company Representative

Treater

**GREG C.**