KOLAR Document ID: 1725092

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 #:			AF	PI No. 1	5			
Name:								
Address 1:			_		Sec Tv	vp S. R East West		
Address 2:			_		Feet from	North / South Line of Section		
City:				Feet from East / West Line of Section				
Contact Person:			Fo	Footages Calculated from Nearest Outside Section Corner:				
Phone: ()					NE NW	SE SW		
Type of Well: (Check one)		OG D&A Cathodic	Co	,		Well #:		
ENHR Permit #:	Gas Sto	rage Permit #:		Date Well Completed:				
Is ACO-1 filed? Yes	No If not, is well	log attached? Yes			•	oved on: (Date)		
Producing Formation(s): List A	II (If needed attach another	sheet)	by	:		(KCC District Agent's Name)		
Depth to Top: Bottom: T.D				Plugging Commenced:				
Depth to	Top: Botto	m: T.D		00 0				
Depth to	Top: Botto	m:T.D	' '	agging	Completed.			
Show depth and thickness of a	all water, oil and gas forma	ations.						
Oil, Gas or Water Records			Casing Record		ecord (Surface, Conductor & Production)			
Formation	Content	Casing	Size		Setting Depth	Pulled Out		
cement or other plugs were us		-				ds used in introducing it into the hole. If		
Plugging Contractor License #	::		Name:					
Address 1:			Address 2: _					
City:			Sta	ate:		Zip:+		
Phone: ()								
Name of Party Responsible fo	r Plugging Fees:							
State of	County, _		, s	SS.				
			Г	_	nployee of Operator or	Operator on above-described well,		
	(Print Name)			=[]	inproyee or 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: PANTHER RANCH 2-30

Page: 1

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

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

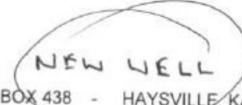
INVOICE NUMBER: C60829-IN

BILL TO:

DARRAH OIL COMPANY LLC PO BOX 2786 WICHITA, KS 67202-2786

DATE	ORDER	SALESMAN	ORDER DATE	PURCHASE O	RDER	SPECIAL IN	STRUCTIONS
05/16/2023 60829			05/03/2023	PANTHER RANCH 2-30		NET 30	
QUANTITY	U/M	ITEM NO./DESCRIPTION			D/C	PRICE	EXTENSION
		NEW WELL					
100.00	МІ	MILEAGE CEME	ENT PUMP TRUCK		0.00	6.00	600.00
1.00	EA	PUMP CHARGE	ROTARY PLUG		0.00	1,150.00	1,150.00
90.00	sĸ	60/40 POZ MIX :	2% GEL		0.00	13.35	1,201.50
2.00	sĸ	2% ADDITIONAL	L GEL		0.00	25.25	50.50
25.00	LB	CELLO-FLAKES	5		0.00	3.25	81.25
1.00	EA	BULK CHARGE	-MIN CHG		0.00	150.00	150.00
204.60	мі	BULK TRUCK -	TON MILES		0.00	1.10	225.06
REMIT TO:			COP			Net Invoice:	3,458.3
P.O. BOX 438 HAYSVILLE, KS 67060		FUEL SURCHARGE IS NOT TAXABLE AND IS ADDED TO		CHSCO Sales Tax:		93.90	
		MILEAGE, PUMP	AND OR DELIVERY CH	ARGES ONLY.		Invoice Total:	3,552.21
RECEIVED BY			NET 30 DAYS				





FIELD ORDER

Nº C

60829

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

				024-1220	2.000	
IS AUTHORIZE	D BY: DA	RRAH OIL			DATE	3-May 20 23
	<u> </u>	THE STATE OF THE S	(NAME O	F CUSTOMER)		
Address			City		State	KS
TO TREAT WE						
AS FOLLOWS	Lease PAI	NTHER RANCH	Well No.	2-30	Customer Order No.	
Sec. Twp.						in a second
Range 30-19-6			County C		State	KS
se held liable for any di mplied, and no represe reatment is payable. To our invoicing departmen	amage that may accommations have been there will be no disco- nt in accordance with thed represents have BE SIGNED	in hereof it is agreed that Copeland Acid is to service or tre- rue in connection with said service or treatment. Copeland relied on, as to what may be the results or effect of the ser- unt allowed subsequent to such date. 6% interest will be of latest published price schedules. Inself to be duly authorized to sign this order for we	Acid Service has vicing or treating harged after 50 c	made no representation said well. The considera lays. Total charges are s	expressed or tion of said service or ubject to correction by	
STATE HOLLING	O O I I I I I I I I I I I I I I I I I I	Well Owner or Op	erator			gent
CODE	QUANTITY	DESCRI	PTION		UNIT	AMOUNT
20.0002	100	Mileage P.T.			\$6.00	\$600.00
20.0006	1	Pump Charge Rotary Plug	\$1,150.00	\$1,150.00		
20.1002	90	60/40 Poz 2% Gel	\$13.35	\$1,201.50		
20.1004	2	Add. Gel after 2% Per Sack			\$25.25	\$50.50
20.1013	25	Celloflake per lb.			\$3.25	\$81.25
20.0011	93	Bulk Charge			MIN	\$150.00
20.0012	204.6	Bulk Truck Miles			\$1.10	\$225.06
		Process License Fee on		Gallon	S	
				TOTAL		\$3,458.31
manner und		terial has been accepted and used; that it is supervision and control of the owner GREG C.				
Station GE	3		<u>v</u>	VILL DARRAH	Wall Company	
Remarks					Well Owner, Operator or Age	int



TREATMENT REPORT

Formation: Perf. to from ft. to	ft. No. ft. 0
Company DARRAH OIL Bbl./Gal. Bbl./Gal. Bbl./Gal.	ft. No. ft. 0
Well Name & No. PANTHER RANCH 2-30 Bbl./Gal. Location 30-19-6E Field Bbl./Gal. County CHASE State KS Flush Bbl./Gal. Easing: Size Type & Wr. Set at ft. from ft. to ft. to Formation: Perf. to Actual Volume of Oil / Water to Load Hole:	ft. No. ft. 0
Location 30-19-6E Field Bbl./Gal.	ft. No. ft. 0
County CHASE State KS Flush Bbl./Gal. Casing: Size Type & Wr. Set at ft. from ft. to ft. to ft. Formation: Perf. to Actual Volume of Oil / Water to Load Hole: Actual Volume of Oil / Water to Load Hole:	ft. No. ft. 0
Treated from	ft. No. ft. 0
Casing: Size Type & Wr. Set at st. ft. from st. to st. ft. ft. to st. ft. ft.<	-
Formation: Perf. to from ft. to ft. to f Formation: Perf. to Actual Volume of Oil / Water to Load Hole:	t No. 5
Formation: Perf. to Actual Volume of Oil / Water to Load Hole:	ft. No. ft. 0
	ft. No. ft. 0
	Bbt./Gal.
Plantil Flori	
Company of the compan	Twin
Tubing: Size & Wt. Swung at tt. Personnel GREG CLARENCE Perforated from ft. to ft. Auxiliary Tools	The same
Open Hole Size T.D. ft. P.B. to ft. P.B. to ft.	. 1/4# SK CELLOFLAKE
	GalsIb.
Company Representative WILL DARRAH Treater	
TIME PRESSURES WILL DARRAH Treater GREG C.	
a.m./p.m. Tubing Casing Total Fluid Pumped REMARKS	
6:00 ON LOCATION	
ON ECCATION	
PUMP 35 SKS @ 270'	
1 OHT 33 3K3 @ 270	
PUMP 25 SKS @ 60'	
FOWIF 25 3K3 @ 60	
DILLE DILLAMITH 20 CHS	
PLUG RH WITH 30 SKS	
7:30 IOR COMPLETE	
7:30 JOB COMPLETE	
THANK VENUE	
THANK YOU!!!	