KOLAR Document ID: 1724953

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 #	ŧ		1	API No. 15	5				
Name:					Spot Description:				
Address 1:						Twp S. R East West			
					Feet from				
City:	State	Zip:+ -			Feet from				
Contact Person:				Footages Calculated from Nearest Outside Section Corner:					
Phone: ()					NE NW	SE SW			
Water Supply Well	Other: G	SWD Permit #: as Storage Permit #: is well log attached? Yes		Lease Nar	me:	well #: (Date)			
• ,	: List All (If needed attach a	•		by:		(KCC District Agent's Name)			
	epth to Top:	Bottom: T.D		Plugging (Commenced:				
	epth to Top:	Bottom: T.D		Plugging (Completed:				
Do	epth to Top:	Bottom:T.D							
Show depth and thickne	ess of all water, oil and gas	formations.							
Oil, Gas or	Water Records		Casing Re	ecord (Surfa	ace, Conductor & Prod	luction)			
Formation	Content	Casing	Size		Setting Depth	Pulled Out			
		cter of same depth placed from				ods used in introducing it into the hole. If			
Plugging Contractor Lice	ense #:		Name:						
Address 1: Addr				ss 2:					
City:				State:		Zip:+			
Phone: ()									
Name of Party Respons	sible for Plugging Fees:								
State of	Co	unty,		, ss.					
				Em	ployee of Operator or	r Operator on above-described well,			
	(Print Na				, ,,				

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.

COPELAND | POST OFFICE BOX 438

Acid & Cement

(316) 524-1225 (316) 524-1027 FAX Invoice

Page: 1

(620) 463-5161 FAX (620) 463-2104

BURRTON, KS | GREAT BEND, KS (620) 793-3366 FAX (620) 793-3536

INVOICE NUMBER: C60893-IN

BILL TO:

CARMEN SCHMITT, INC. **PO BOX 47** GREAT BEND, KS 67530 **LEASE: EVALYN UNIT #1**

DATE	ORDER	SALESMAN	ORDER DATE	PURCHASE O	RDER	SPECIAL INSTRUCTIONS		
08/17/2023	60893		08/04/2023	EVALYN UNIT	#1		IET 30	
QUANTITY	U/ M	ITEM NO./DE	SCRIPTION		D/C	PRICE EXTENSI		
120.00	MI	MILEAGE CEME	NT PUMP TRUCK		0.00	6.00	720.00	
1.00	EA	PUMP CHARGE	PLUG		0.00	700.00	700.00	
375.00	SK	60/40 POZ MIX 2% GEL			0.00	13.25	4,968.75	
7.00	sĸ	2% ADDITIONAL	GEL		0.00	25.25	176.75	
200.00	LB	COTTONSEED H	IULLS		0.00	0.50	100.00	
384.00	EA	BULK CHARGE			0.00	1.25	480.00	
1,017.00	MI	BULK TRUCK - T	ON MILES	S 0.00 1.10				
		7/0/43 12/18.0001 Vell Rhe Cement to Mus						
REMIT TO:			COP			Net Invoice:	8,264.20	
P.O. BOX 438 HAYSVILLE, KS 67060		FUEL SURCHARGE IS NOT TAXABLE AND IS ADDED TO MILEAGE, PUMP AND OR DELIVERY CHARGES ONLY.			LAN	619.82 8,884.02		
RECEIVED BY		NET 30 DAYS			Invoice Total: 8,8			



FIELD ORDER Nº C G0893

Acid &	r Ceme	ent 🖺 BOX 438	316-524-1225	OU	
			• • • • • • • • • • • • • • • • • • • •	DATE	4-Aug 20 23
IS AUTHORIZ	ED BY: <u>CAI</u>	RMEN SCHMITT INC			
			(NAME OF CUSTOMER))	
Address			City	State	KS
TO TREAT WI	ELL				
AS FOLLOWS	Lease <u>EV</u>	ALYN UNIT	Well No1	Customer Order No.	
Sec. Twp.					
Range 13-16-	-28W		County LANE	State	KS
THIS ORDER MUS BEFORE WORK IS		Well Ow	ner or Operator	Ву	Agent
CODE	QUANTITY		ESCRIPTION	UNIT COST	AMOUNT
20.0002	120	Mileage P.T.		\$6.00	\$720.00
20.0003	1	Pump Charge Plug		\$700.00	\$700.00
20.1002	375	60/40 Poz 2% Gel		\$13.25	\$4,968.75
20.1004	7	Add. Gel after 2% Per Sack		\$25.25	\$176.75
20.1017	200	Hulls per lb.		\$0.50	\$100.00
i				1	1

OODE	040/1141111	DESCRIPTION	COST	AWOUNT
20.0002	120	Mileage P.T.	\$6.00	\$720.00
20.0003	1	Pump Charge Plug	\$700.00	\$700.00
20.1002	375	60/40 Poz 2% Gel	\$13.25	\$4,968.75
20.1004	7	Add. Gel after 2% Per Sack	\$25.25	\$176.75
20.1017	200	Hulis per lb.	\$0.50	\$100.00
20.0011	384	Bulk Charge	\$1.25	£ (20 . vc)
20.0012	1017		\$1.10	\$480.00 \$1.118.70
		Process License Fee on Gallons	φ1.10	\$1,118.70
		TOTAL BILLING		\$8,264.20

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.

Copelano	Representative	GREG C.			
Station	GB		NATHEN		
Remarks				Well Owner, Operator or Agent	



TREATMENT REPORT

Acid & Cement 🛎						Acid Stage No					
					Type Freatment:	Amt.	Type Fluid	Sand Size	Pou	nds of Sand	
Date	8/4/2023 n	istrict GB	F.G. 1	vo. C60893	Bkdown						
-	CARMEN SCH					8bl./Gal.					
Weli Nam	e & No. EVALYN	I UNIT #1				8bl./Gat.					
Location	13-	16-28W	field			8bl./Gal.					
County	LANE		State KS		Flush						
					Treated from				No. ft.	0	
Casingo	Size 5 1/2	lype & Wt.		Set atft.					No. ft.		
Formation				to	from		ft. to		No. ft.	0	
Formation					Actual Volume of O					Bbl./Gal.	
Formation			Perf.		······	·					
					Pump Trucks. N	fo. Used: Std.	365 So.		Twin		
				ft. toft.				360-308T	-	***************************************	
					Personnel GREG 1						
			ft. to		Auxibary Tools						
					Plugging or Sealing	Materials: Ivoe		60/40 POZ	4% GEL	······································	
Open Hole	Size	T.D	ft. P		1			Gals		lb.	

Company	Representative		NATHE	N	Treater		GF	REG C.			
TIME	PRES	SURES						***************************************			
a.m./p.m.	Tubing	Casing	Total Fluid Pumped			REMA	RKS				
9:00				ON LOCATION							
						······				····	
				PUMP 50 SKS W	'ITH 200# HL	JLLS @ 441	0'				

				CIRCULATE CEM	ENT FROM 2	2230' TO SU	JRFACE, TO	OK 250 SK	ïS.		
		•		TOPPED OFF WI	TH 75 SKS				····		
				····			***************************************	~~~~			
12:15				JOB COMPLETE			·····				
		~					·····	····			
		····		THANK YOU!!!							
		***************************************					***************************************	····			
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