KOLAR Document ID: 1737721

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 #:			1	API No. 1	5				
Address 1:				Гwp S. R East We					
City:	State: _	Zip: +							
Contact Person:		·							
Phone: ()									
		OG D&A Catho							
ENHR Permit #:	Gas	Storage Permit #:							
Is ACO-1 filed? Yes	No If not, is	well log attached? Yes	☐ No	Date Well Completed:					
Producing Formation(s): List	t All (If needed attach and	other sheet)				(KCC District Agent's Nam			
Depth	to Top: B	ottom: T.D		•		,			
Depth	to Top: B	ottom: T.D							
Depth	to Top: B	ottom:T.D		Flugging	Completed				
Show depth and thickness of	of all water, oil and gas for	ormations.							
Oil, Gas or Wat	er Records		Casing R	ecord (Surf	face, Conductor & Produ	uction)			
Formation	Content	Casing	Size		Setting Depth	Pulled Out			
	•	er of same depth placed from (b				ods used in introducing it into the hole.			
Plugging Contractor License #:				ame:					
Address 1:				2:					
City:				State:					
Phone: ()									
Name of Party Responsible	for Plugging Fees:								
State of	Cour	ity,		_ , SS.					
				Em	nployee of Operator or	Operator on above-described we			

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

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

Invoice

LEASE: DORR 806

Page: 1

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

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

INVOICE NUMBER: C60959-IN

BILL TO:

CARMEN SCHMITT, INC. **PO BOX 47** GREAT BEND, KS 67530

DATE	ORDER	SALESMAN	ORDER DATE	PURCHASE (RDER	SPECIAL IN	NSTRUCTIONS	
11/22/2023	60959		11/17/2023	DORR 806	,	NI	ET 30	
QUANTITY	UANTITY U/M ITEM NO./DESCRIPTION		D/C	PRICE	EXTENSION			
60.00	MI	MILEAGE CEME	ENT PUMP TRUCK		0.00	6.00	360.00	
1.00	EA	PUMP CHARGE	PLUG		0.00	700.00	700.00	
410.00	SK	60/40 POZ MIX :	2% GEL		0.00	13.85	5,678.50	
4.00	sĸ	CALCIUM CHLC	RIDE		0.00	42.00	168.00	
8.00	SK	2% ADDITIONAL	_ GEL		0.00	25.25	202.00	
600.00	LB	COTTONSEED	HULLS		0.00	0.60	360.00	
428.00	EA	BULK CHARGE	BULK CHARGE			1.25	535.00	
564.96	MI	BULK TRUCK - 1	TON MILES		0.00	1.10	621.46	
			7/0/4 12420.0 Vell Fi Cemant to	3 80% Te Plus				
REMIT TO: P.O. BOX 438 HAYSVILLE, KS 67060 RECEIVED BY		COP FUEL SURCHARGE IS NOT TAXABLE AND IS ADDED TO MILEAGE, PUMP AND OR DELIVERY CHARGES ONLY.		Net Invoice: ROOCO Sales Tax: Invoice Total:		8,624.96 603.75 9,228.71		
			NET 30 DAYS		1			



FIELD ORDER

N_ C ____

60959

BOX 438 - HAYSVILLE, KANSAS 67060

A was was		. A. L. C.	316	5-524-1225				
					DATE	17-No	<u>/</u> 20	23
S AUTHORIZ	ZED BY: CAF	RMEN SCHMITT					***************************************	
			(NAME	OF CUSTON	ER)			
Address			City		Stat	e KS	***************************************	
TO TREAT W	/ELL							
AS FOLLOW	S Lease <u>DO</u>	RR	Well No	. 806	Customer Order No	o		
Sec. Twp.								
Range			County	ROOKS	Stat	te KS		
be hold liable for any mplied, and no repri (reatment is payable our invoicing departs	y damage that may acc esentations have been . There will be no disco ment in accordance wit	on hereof it is agreed that Copeland Acid is to service true in connection with said service or treatment. Co, reflect on, as to what may be the results or effect of point allowed subsequent to such date. 6% interest w in latest published price schedules timself to be duly authorized to sign this order	peland Acid Service the servicing or treat all be charged after t	has made no repre ling said well. The c 50 days. Total char-	ssentation, expressed or consideration of said service or			
THIS ORDER MU	IST BE SIGNED							
BEFORE WORK	IS COMMENCED				Ву			
		Well Owner	or Operator			Agent		
CODE	QUANTITY	DES	SCRIPTION		UNIT COST		AMOUNT	r
	1	1				T	~	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~

		Well Owner or Operator	Agent		
CODE	QUANTITY	DESCRIPTION	UNIT COST	AMOUNT	
20.0002	60	Mileage P.T.	\$6.00	\$360.00	
20.0003	1	Pump Charge Plug	\$700.00	\$700.00	
20.1002	410	60/40 Poz 2% Gel	\$13.85	\$5,678.50	
20.1012	4	Calcium Chloride per 50 lb.	\$42.00	\$168.00	
20.1004	8	Add. Gel after 2% Per Sack	\$25.25	\$202.00	
20.1017	600	Hulls per lb.	\$0.60	\$360.00	

20.0011	428	Bulk Charge	\$1.25	\$535.00	
20.0012	564.96	Bulk Truck Miles	\$1.10	\$621.46	
		Process License Fee on Gallons			
		TOTAL BILLING		\$8,624,96	

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.

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



TREATMENT REPORT

Acid Stage No.

Date _13	i/17/20230	istrici <u>GB</u>	F.O. N	o. C60959	Type Treatment		Type Find	Sand Size		ds of Sand
Company	CARMEN SCH					861/Gal.				·····
	& No DORR 8					Bbt./Gal.				
Location Field						86L/Gal.				
County	ROOKS		State KS		Flush	Bbl./Gal.				
					Treated from				No. ft.	0
Casing:				Set atft.					No. ft.	0
Formation	:		Perf.	10	from		ft. to	ft.	No. ft.	0
Formation	:		Perf.	10	Actual Volume of Oi	l / Water to Load H	ole:			Bbl./Gal.
Formation			Perf.			**************************************				
Liner: Si				Bottom at ft.	Pump Trucks. N	o. Usea: Std.	320 sp.		Teoin	
(lemented: Yes	♥ Perforated f	(on)	ft. toft.						
Tubing:	Size & Wt	2 7/8	Swung at	ft.	Personnel GREG C	CURTIS		*************************	*************	
	Perforated fr	om	ft, to	ft.	Auxiliary Tools					
					Plugging or Sealing I					
Open Hole	Size	1.D.	ft. P.		F			Gals.		lb.
				**************************************	**************************************	Octobrosto billiote telebrosi de la filia	ON DESCRIPTION OF THE PROPERTY			V 476444 Table V 4714 A 1114 A 1
Company	Representative		NATHE	N	Treater		G	REG C.		
TIME	PRES	SURES	Total Fluid Pumped	**************************************	***************************************		7175			***************************************
a.m./p.m.	Tubing	Casing	Total Alato Fampea			REMA	KKS			
9:00				ON LOCATION						**************************************
	~~~			PUMP 75 SKS AN	1D 300# HUL	LS @ 3300	i	***************************************	***************************************	
		····							***************************************	
				PUMP 100 SKS A	ND 200# HL	JLLS WITH 2	2% CC @ 2	700'		***************************************
										***
				PUMP 100 SKS V	VITH 100# H	ULLS @ 170	00'			***************************************
				***************************************						
				CIRCULATE CEM	ENT FROM 7	'00'. TOOK	125 SKS			
										······································
				TOPPED OFF WI	TH 10 SKS	***************************************				
	***.									
1:00	***************************************			JOB COMPLETE						· · · · · · · · · · · · · · · · · · ·
				33 33711 24.10						· · · · · · · · · · · · · · · · · · ·
				THANK YOU!!!			······································			
<u>-</u>				1110441 100111						
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