KOLAR Document ID: 1740385

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 #:			I	API No	. 15						
OPERATOR: License #:				Spot Description:							
Address 1:				Sec Twp S. R East We							
Address 2:					Feet from North / South Line of Section						
City: State: Zip: +					Feet from East / West Line of Section						
Contact Person:					Footages Calculated from Nearest Outside Section Corner:						
Phone: ()					NE NW	SE SW					
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					County: Lease Name: Well #: Date Well Completed: (Date the plugging proposal was approved on: (Date the plugging proposal was approved on						
Producing Formation(s): List	All (If needed attach a	nother sheet)				(KCC District Agent's Name)					
Depth t	to Top:	Bottom: T.D									
Depth t	to Top:	Bottom: T.D			•						
Depth t	to Top:	Bottom:T.D		riuggii	ig Completed						
Show depth and thickness of	all water, oil and gas	formations.									
Oil, Gas or Wate	er Records		Casing I	ing Record (Surface, Conductor & Production)							
Formation	Content	Casing	Size		Setting Depth	Pulled Out					
		plugged, indicating where the ster of same depth placed from		•		ods used in introducing it into the hole. If					
Plugging Contractor License #: Name:				a							
Address 1: Address				ess 2:							
City:				State: _		Zip:+					
Phone: ()				-							
Name of Party Responsible f	or Plugging Fees:										
State of	Co	unty,		, ss.							
				_ 🗍 [Employee of Operator or	Operator on above-described well,					
	(Print Name)				,, opo.a.o. or						

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: HIPP #2

Page: 1

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

FAX (620) 463-2104

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

INVOICE NUMBER: C60965-IN

BILL TO:

RICHLAN DRILLING CO. **C/O RICK SCHREIBER 598 SECOND AVE** CLAFLIN, KS 67525

DATE	ORDER	SALESMAN	ORDER DATE	PURCHASE C	DRDER	R SPECIAL INSTRUCTIONS		
11/30/2023	60965		11/30/2023	HIPP #2	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		NET 30	
QUANTITY	U/M	ITEM NO./DESCRIPTION			D/C	PRICE	EXTENSION	
40.00	МІ	MILEAGE PICKU	MILEAGE PICKUP			4.00	160.00	
40.00	MI	MILEAGE CEME	NT PUMP TRUCK		0.00	6.00	240.00	
1.00	EA	PUMP CHARGE	PLUG		0.00	700.00	700.00	
360.00	sĸ	60/40 POZ MIX 2	% GEL		0.00	13.85	4,986.00	
7.00	SK	2% ADDITIONAL	GEL		0.00	25.25	176.75	
12.00	SK	GEL ON THE SID	GEL ON THE SIDE			25.25	303.00	
500.00	LB	COTTONSEED H	COTTONSEED HULLS			0.60	300.00	
384.00	EA	BULK CHARGE			0.00	1.25	480.00	
675.84	MI	BULK TRUCK - TON MILES			0.00	1.10	743.42	
							Rd 01 13546	
REMIT TO: P.O. BOX 438 HAYSVILLE, KS 67060		COP		Net Invoice: BATCO Sales Tax: Invoice Total:		8,089.17		
		FUEL SURCHARGE IS NOT TAXABLE AND IS ADDED TO MILEAGE, PUMP AND OR DELIVERY CHARGES ONLY.				606.69 8,695.86		
RECEIVED BY		N	IET 30 DAYS			myoloc lotal.		



FIELD ORDER

N° C

60965

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

			DATE	30-Nov 20 23
S AUTHORIZED BY	RICHLAN DRILLING	(NAME OF CUSTOMER)		
Address		City	State	KS
TO TREAT WELL AS FOLLOWS Lease	HIPP	Well No. 2	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

		Well Owner or Operator	Age	nt
CODE	QUANTITY	DESCRIPTION	COST	AMOUNT
20.0001	40	Mileage P.U.	\$4.00	\$160.00
20.0002	40	Mileage P.T.	\$6.00	\$240.00
20.0003	1	Pump Charge Plug	\$700.00	\$700.00
20.1002	360	60/40 Poz 2% Gel	\$13.85	\$4,986.00
20.1004	7	Add. Gel after 2% Per Sack	\$25.25	\$176.75
20.1005	12	Gel on side per sack	\$25.25	\$303.00
20.1017	500	Hulls per lb.	\$0.60	\$300.00
20.0011	384	Bulk Charge	\$1.25	\$480.00
20.0012	675.84		\$1.10	\$743.42
		Process License Fee on Gallons		
		TOTAL BILLING		\$8,089.17

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		RICK SCHREIBER
		Well Owner, Operator or Agent
Remarks		



TREATMENT REPORT

Acid	& Cemen	it 🕸						Acid Stage No).	
					Type Treatment: A	mt	Tyne Fluid	Sand Size	Pour	ids of Sand
Date 1	1/30/2023 D	istrict GB	F.O. N	lo. C60695	Bkdown					
-	RICHLAN DRII									
	e & No. HIPP #2									
Location	V		Field			Bbl./Gal.				
County	BARTON		State KS		Flush	Bbl./Gal.				
					Treated from		ft. to	ft.	No. ft.	0
Casing:	Size 5 1/2	Type & Wt		Set atft				ft.	No. ft.	0
Formation	1:		Perf	to	from		ft. to	ft.	No. ft.	0
Formation	ı:		Perf	to	Actual Volume of Oil / V	Water to Load H	lole:			Bbl./Gal.
Formation			Perf							
				Bottom atft-	Pump Trucks No. U	Jsed: Std.	320 Sp		Twin	
	Cemented: Yes	Perforated fr	om	ft. toft.	Auxiliary Equipment			360-308T		
Tubing:	Size & Wt.		Swung at		Personnel GREG CUF					
	Perforated fr	rom	ft. to	ft.	Auxiliary Tools					
					Plugging or Sealing Mat	erials: Type		60/40 POZ	4% GEL	
Open Holi	e Size	T.D	ft. P	.B. toft				Gals	7	lb,
	Representative		v		Treater		G	REG C.		
TIME		SURES	Total Fluid Pumped			REMA	RKS			
a.m./p.m	Tubing	Casing		ONLI OCATION						
8:45				ON LOCATION						
				TIE ON E 4/2 CA	CINIC AND DUA	10.400.0	· · · · · · · · · · · · · · · · · · ·		. =	
				TIE ON 5 1/2 CA						OWED
				BY 12 GEL, THEN			O SURFAC	E. 100K 2	50 SKS	
				AND 400# HULL	S. PSI TO 600#					
				TOPPED OFF WI	TH 10 SKS					
12:00				JOB COMPLETE						
_				THANK YOU!!!						