KOLAR Document ID: 1754754

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 -				
Name:						
Address 1:	'					
Address 2:		Feet from North / South Line of Section				
City: State: Zip:	+	Feet from	East / West Line of Section			
Contact Person:	Footage	s Calculated from Nea	rest Outside Section Corner:			
Phone: ()		□ NE □ NW	SE SW			
Type of Well: (Check one) Oil Well Gas Well OG D&A Water Supply Well Other: SWD Permit #: ENHR Permit #: Gas Storage Permit #: s ACO-1 filed? Yes No If not, is well log attached? Yeoducing Formation(s): List All (If needed attach another sheet) Depth to Top: Bottom: T.D.	Yes No County: Lease N Date We The plug by:	Date Well Completed:				
Depth to Top: Bottom: T.D.						
Depth to Top: Bottom:T.D.		g Completed				
Show depth and thickness of all water, oil and gas formations.						
Oil, Gas or Water Records	Casing Record (Su	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 to cement or other plugs were used, state the character of same depth placed from the cha	·		ods used in introducing it into the hole. If			
Plugging Contractor License #:	Name:					
Address 1:	Address 2:					
City:	State:					
Phone: ()						
Name of Party Responsible for Plugging Fees:						
State of County,						

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

Page: 1

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

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

INVOICE NUMBER: C60989-IN

BILL TO:

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

DATE	ORDER	SALESMAN	ORDER DATE	PURCHASE O	RDER	SPECIAL INSTRUCTIONS		
01/31/2024	60989		01/24/2024	NEY UNIT #1			NET 30	
QUANTITY	U/M	ITEM NO./DESCRIPTION			D/C	PRICE	EXTENSION	
60.00	MI	MILEAGE PICKU	IP		0.00	4.00	240.00	
60.00	МІ	MILEAGE CEMENT PUMP TRUCK			0.00	6.00	360.00	
1.00	EA	PUMP CHARGE	PUMP CHARGE PLUG			700.00	700.00	
330.00	SK	60/40 POZ MIX 2% GEL			0.00	13.85	4,570.50	
6.00	SK	2% ADDITIONAL	2% ADDITIONAL GEL			25.25	151.50	
9.00	SK	GEL ON THE SIE	GEL ON THE SIDE			25.25	227.25	
400.00	LB	COTTONSEED HULLS			0.00	0.60	240.00	
349.00	EA	BULK CHARGE			0.00	1.25	436.25	
460.68	МІ	BULK TRUCK - T	BULK TRUCK - TON MILES		0.00	1.10	506.75	
		18	710/49 2910.0001 Vell Pila ement to P	lvy		a e		
	REMIT TO: P.O. BOX 438 HAYSVILLE, KS 67060		COP FUEL SURCHARGE IS NOT TAXABLE AND IS ADDED TO MILEAGE, PUMP AND OR DELIVERY CHARGES ONLY.		RUL	Net Invoice: CO Sales Tax: Invoice Total:	7,432.25 631.74 8,063.99	
RECEIVED BY		ı	NET 30 DAYS					



FIELD ORDER

Nº C

60989

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

		0100211220	DATE	24-Jan 20 24
S AUTHORIZED BY:	CARMEN SCHMITT	(NIABAL ()L MIS (ABACO)		
		(NAME OF CUSTOMER)		
Address		City	State	KS
TO TREAT WELL AS FOLLOWS Lease	NEY UNIT	Well No. 1	Customer Order No.	
Sec. Twp. Range		County RUSSELL	State	KS
	•	to service or treat at owners risk, the hereinbefore ment		

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 involcing 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

У

BEFORE WORK IS COMMENCED		Well Owner or Operator	Agent		
CODE	QUANTITY	DESCRIPTION		UNIT COST	AMOUNT
20.0001	60	Mileage P.U.		\$4.00	\$240.00
20.0002	60	Mileage P.T.		\$6.00	\$360.00
20.0003	1	Pump Charge Plug		\$700.00	\$700.00
20.1002	330	60/40 Poz 2% Gel		\$13.85	\$4,570.50
20.1004	6	Add. Gel after 2% Per Sack		\$25.25	\$151.50
20.1005	9	Gel on side per sack		\$25.25	\$227.25
20.1017	400	Hulls per lb.		\$0.60	\$240.00
	0				
20.0011	349	Bulk Charge		\$1.25	\$436.2
20.0012	460.68	Bulk Truck Miles		\$1.10	\$506.7
		Process License Fee on	Gallons		
			TOTAL BILLING		\$7,432.2

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 Repre	sentative GREG C.	all-regular	
Station GB		CURTIS H.	
		Well Owner, Operator or Agent	
Remarks			



TREATMENT REPORT

ACIG	& Cemer	it 🕮					Acid Stage	No.		
					Type Treatment: An	nt. Ty	pe Fluid Sand Siz	e Pounds of Sand		
Date 1	/24/2024 D	istrict GB	F.O. N	io. C60989	Bkdown					
	CARMEN SCH									
Well Nam	e & No. NEY UN	IT #1				Bbl./Gal.				
Location Field										
County	RUSSELL		State KS							
					Treated from	ft. to	ft.	No. ft. 0		
Casing:	Size 5 1/2	Type & Wt.		Set atft.			ft.	No. ft. 0		
Formation				to		ft. to				
					Actual Volume of Oil / Water to Load Hole: Bbl./Gal.					
Formation				to						
Liner: Si					Pump Trucks. No. Usa	ed: Std. 320	Sp.	Twin		
				ft. toft.						
					Personnel GREG CURT					
	Perforated fr		ft. to		Auxiliary Tools					
					Plugging or Sealing Mater	ials: Type	60/40 PO	Z 4% GEL		
Open Hole	Size	T.D	ft. P.	B. toft.				lslb.		
Company	Representative		CURTIS	Н.	Treater		GREG C.			
TIME	PRES	SURES	Total Fluid Pumped			REMARKS				
a.m./p.m.	Tubing	Casing								
10:00				ON LOCATION						
				PUMP 9 GEL AN	D 75 SKS WITH	200# HULLS	@ 3100'			
								<u> </u>		
				CIRCULATE CEM	ENT FROM 148	0' TO SURFAC	CE. TOOK 205	SKS AND 200#		
				HULLS						
				TOPPED OFF WI	TH 50 SKS					
3:30				JOB COMPLETE						
				THANK YOU!!!						
				THANK YOU!!!						
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