KOLAR Document ID: 1764867

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 #:	API No. 15
Name:	Spot Description:
Address 1:	Sec Twp S. R East West
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 #: SWD Permit #:	County: Well #: Lease Name: Well #: Date Well Completed:
Is ACO-1 filed? Yes No If not, is well log attached? Yes No	The plugging proposal was approved on: (Date)
Producing Formation(s): List All (If needed attach another sheet)	by: (KCC District Agent's Name)
Depth to Top: Bottom: T.D	Plugging Commenced:
Depth to Top: Bottom: T.D	Plugging Completed:
Depth to Top: Bottom: T.D	

Show depth and thickness of all water, oil and gas formations.

Oil, Gas or Water	Records	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 the mud fluid was placed and the method or methods used in introducing it into the hole. If cement or other plugs were used, state the character of same depth placed from (bottom), to (top) for each plug set.

Plugging Contractor License #:	_ Name:						
Address 1:	Address 2:						
City:	State: Zip: +						
Phone: ()							
Name of Party Responsible for Plugging Fees:							
State of County,	, ss.						
(Print Name)	Employee of 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.

Submitted Electronically



Page: 1



Acid & Cement

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

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

POST OFFICE BOX 438

HAYSVILLE, KS 67060

(316) 524-1027 FAX

(316) 524-1225

INVOICE NUMBER: C50728-IN

LEASE: EMERY #1

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

DATE	ORDER	SALESMAN	ORDER DATE	PURCHASE C	RDER	SPECIAL INSTRUCTIONS		
03/13/2024	50728		03/05/2024	EMERY #1		1	NET 30	
QUANTITY	U/M	ITEM NO./DESCRIPTION D/C PRICE					EXTENSION	
100.00	МІ	MILEAGE PICKU	IP		0.00	4.00	400.00	
100.00	мі	MILEAGE CEME	NT PUMP TRUCK		0.00	6.00	600.00	
2.00	EA	PUMP CHARGE	PLUG		0.00	700.00	1,400.00	
355.00	SK	COMMON CEME	NT		0.00	17.50	6,212.50	
21.00	SK	CALCIUM CHLO	RIDE		0.00	42.00	882.00	
600.00	LB	COTTONSEED H	IULLS		0.00	0.60	360.00	
376.00	EA	BULK CHARGE	BULK CHARGE			1.25	470.00	
430.25	МІ	BULK TRUCK - TON MILES			0.00	1.10	473.28	
		710/43 19595,0001 Dell File "Cement to Plug"						
REMIT TO: P.O. BOX 438 HAYSVILLE, KS 67060			COP IS NOT TAXABLE AND IS AND OR DELIVERY CHAR		ELSC	ouroo rux.	10,797.78 809.83 11,607.61	
RECEIVED BY	RECEIVED BY		NET 30 DAYS		Invoice Total:	11,007.01		

There will be a charge of 1.5% "per month" (18% annual rate) on all accounts over 30 days pas

Copeland Acid & Cement is a subsidiary of Gressel Oil Field Service

Gressel Oil Field Service reserves a security interest in the goods sold until the same are paid for in full and reserve all the rights of a secured party under the Uniform Commercial Code.



FIELD ORDER

By

N° C 50728

BOX 438 - HAYSVILLE, KANSAS 67060

316-524-1225

			DATE	<u>5-Mar</u> 20 23
IS AUTHORIZED BY:	Carmen Schmitt	(NAME OF CUSTOMER)		
Address		City	State	KS
TO TREAT WELL AS FOLLOWS Lease	Emery	Well No	_Customer Order No.	
Sec. Twp. Range		County Ellsworth	State	KS
CONDITIONS: As a part of the cons	sideration hereof it is agreed that Copeland Acid is to service or	treat at owners risk, the bereinbefore menti	oned well and is not to	

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. Copeland Acid Service has made 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 the service or the service or the service or treatment.

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			
CODE	QUANTITY	DESCRIPTION	UNIT COST	AMOUNT	
20.0001	100	Mileage P.U.	\$4.00	\$400.00	
20.0002	100	Mileage P.T.	\$6.00	\$600.00	
20.0003	2	Pump Charge Plug	\$700.00	\$1,400.00	
20.1001	355	Common Cement Sack	\$17.50	\$6,212.50	
20.1012	21	Calcium Chloride per 50 lb.	\$42.00	\$882.00	
20.1017	600	Hulls per lb.	\$0.60	\$360.00	
				<u></u>	
				······································	
				er address na re seat marde	
20.0011	376	Bulk Charge	\$1.25	\$470.00	
20.0012	430.25	Bulk Truck Miles	\$1.10	\$473.28	
		Process License Fee on Gallons			
		TOTAL BILLING		\$10,797.78	

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 Nathan W.

Station GB

Nathan P.

Well Owner, Operator or Agent

Remarks

NET 30 DAYS



TREATMENT REPORT

Aciu	& Ceme				Acid Stage No.					
Date	3/5/2024	District GB	F.O.	No. 50728	Type Treatment:			Sand Size	Pou	unds of Sand
	Carmen Schr	and the second s			Bkdown					
Well Nam	e & No. Emery	#1		······································		Bbl /Gal	• ••••			
Location			Field			Bbl./Gal.				
	Ellsworth		State KS		Flush	Bbl./Gal.				
Contraction of the second					Treated from					0
Casing:	Size 5.5"	Type & Wt.		Set atft.		ft ft	. to			and the second se
Formation			Perf.		from		. to		No. ft No. ft	0
Formation					Actual Volume of Oil / \					Bbl./Gal.
Formation			Perf.							BDI./ Gal.
Liner: Si					Rump Trucke No. 1	lond. Chul	010		T ·	
					Pump Trucks. No. L Auxiliary Equipment			317	Twin	
			Swung at		Porconnol					
0	Perforated fi	om	ft. to	ft	Annalisent					
Open Hole	Size	T.D.	ft. P.		Plugging or Sealing Mat	eriais: Type		Gals.		lb.
	-									10.
Company	Representative		Nathan	Ρ.	Treater		Natha	en W.		
TIME		SURES	Total Fluid Pumped							
a.m./p.m.		Casing		-						
	2.5"	5.5"		On Location.						
				Mix 75sks Comn	non 3% CC wit	h 400# Hu	lls on Botto	om		
				Wait and tag. D	id not tag.					
				Mix 50sks with 2	200# Hulls Ta	ged				
				Mix 50sks at 135	50' Did not tag	3				
				Shut Down.	3)					
				Taged cement.						
				Mix 35sks at 950)'					
				Mix 170sks at 30	00' Circulated	cement to	surface ou	ut casing	and an	nulus.
								0		
				Thank You!						
				Nathan W.						
				· · · · · · · · · · · · · · · · · · ·						