KOLAR Document ID: 1778119

KANSAS CORPORATION COMMISSION OIL & GAS CONSERVATION DIVISION

WELL PLUGGING APPLICATION

Form CP-1
March 2010
This Form must be Typed
Form must be Signed
All blanks must be Filled

Form KSONA-1, Certification of Compliance with the Kansas Surface Owner Notification Act, MUST be submitted with this form.

OPERATOR: License #:		API No. 15					
Name:							
Address 1:							
Address 2:		_	_ Sec Tw _l	o S. R	East West		
City: State:	. Zip:+		Feet from	North / S	South Line of Section		
Contact Person:		_			Vest Line of Section		
Phone: ()		Footages Calcula	ted from Neares	t Outside Section	Corner:		
, mone. (
Check One: Oil Well Gas Well OG	D&A Catho	dic Water Supply	Well O	ther:			
SWD Permit #:	ENHR Permit #:		Gas Storage	Permit #:			
Conductor Casing Size:	_ Set at:	Cemente	ed with:		Sacks		
Surface Casing Size:	Set at:	Cemente	ed with:		Sacks		
Production Casing Size:	_ Set at:	Cemente	ed with:		Sacks		
Elevation: (G.L. / K.B.) T.D.: Condition of Well: Good Poor Junk in Hole Proposed Method of Plugging (attach a separate page if additi Is Well Log attached to this application? Yes No If ACO-1 not filed, explain why:	Casing Leak at:ional space is needed):	(Interval)		tone Corral Formation)		
Plugging of this Well will be done in accordance with K.S. Company Representative authorized to supervise plugging of	-	-	_				
Address:	City	/:	State:	Zip:	+		
Phone: ()							
Plugging Contractor License #:	Na	me:					
Address 1:	Add	lress 2:					
City:			State:	Zip:	+		
Phone: ()							
Proposed Date of Plugging (if known):							

Payment of the Plugging Fee (K.A.R. 82-3-118) will be guaranteed by Operator or Agent

Submitted Electronically

KOLAR Document ID: 1778119

Kansas Corporation Commission Oil & Gas Conservation Division

Form KSONA-1
July 2021
Form Must Be Typed
Form must be Signed
All blanks must be Filled

CERTIFICATION OF COMPLIANCE WITH THE KANSAS SURFACE OWNER NOTIFICATION ACT

This form must be submitted with all Forms C-1 (Notice of Intent to Drill); CB-1 (Cathodic Protection Borehole Intent); T-1 (Request for Change of Operator Transfer of Injection or Surface Pit Permit); and CP-1 (Well Plugging Application).

Any such form submitted without an accompanying Form KSONA-1 will be returned.

Select the corresponding form being filed: C-1 (Intent) CB-1 (C	Cathodic Protection Borehole Intent) T-1 (Transfer) CP-1 (Plugging Application)
OPERATOR: License #	Well Location:
Name:	Sec TwpS. R
Address 1:	County:
Address 2:	Lease Name: Well #:
City: State: Zip:+	If filing a Form T-1 for multiple wells on a lease, enter the legal description of
Contact Person:	the lease below:
Phone: () Fax: ()	
Email Address:	
Surface Owner Information:	
Name:	When filing a Form T-1 involving multiple surface owners, attach an additional
Address 1:	sheet listing all of the information to the left for each surface owner. Surface owner information can be found in the records of the register of deeds for the
Address 2:	county, and in the real estate property tax records of the county treasurer.
City: State: Zip:+	
the KCC with a plat showing the predicted locations of lease roads, tank are preliminary non-binding estimates. The locations may be entered or Select one of the following: □ I certify that, pursuant to the Kansas Surface Owner Notice provided the following to the surface owner(s) of the land up Form C-1, Form CB-1, Form T-1, or Form CP-1 that I am filing	dic Protection Borehole Intent), you must supply the surface owners and a batteries, pipelines, and electrical lines. The locations shown on the plat in the Form C-1 plat, Form CB-1 plat, or a separate plat may be submitted. Act (see Chapter 55 of the Kansas Statutes Annotated), I have soon which the subject well is or will be located: 1) a copy of the g in connection with this form; 2) if the form being filed is a Form operator name, address, phone number, fax, and email address.
the KCC will be required to send this information to the surface this task, I acknowledge that I must provide the name and add and that I am being charged a \$30.00 handling fee, payable to a surface of the second option, submit payment of the \$30.00 handling	fee with this form. If the fee is not received with this form, the KSONA-1
form and the associated Form C-1, Form CB-1, Form T-1, or Form CP- Submitted Electronically	1 will be returned.

Form	CP1 - Well Plugging Application
Operator	Krehbiel, Jay
Well Name	KOENIG 4
Doc ID	1778119

Perforations And Bridge Plug Sets

Perforation Top	Perforation Base	Formation	Bridge Plug Depth
3360	3365	Arbuckle	



| FIELU | ORDER | N° C | 50543

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

				DATE	14-Mar 20 22
IS AUTHORIZE	DBY: Terr	y Schmitt			
			(NAME OF CUSTOME	(1)	
Address			City	State	KS
TO TREAT WE	LL				
AS FOLLOWS	Lease Koe	ning	Well No. 4	Customer Order No.	
Sec. Twp.					
Range			County Rice	State	KS
		nhereof it is agreed that Copeland Acid is to service up in connection with said service or treatment. Cope			
implied, and no represe treatment is payable. Th our invoicing departmen	intations have been in here will be no disco- nt in accordance with	elied on, as to what may be the results or affect of th unt allowed subsequent to such date. 6% interest will latest published price schedules maelf to be duly authorized to sign this order fo	e servicing or freeting said well. The condi- be charged after 60 days. Total charges	sideration of said service or	
THIS ORDER MUST BEFORE WORK IS				Ву	
		Well Owner of	ir Operator		Agent
CODE	QUANTITY	DES	CRIPTION	UNIT COST	AMOUNT
20.0001	20	Mileage P.U.		\$2.50	\$50.00
20.0002	20	Mileage P.T.		\$4.50	\$90.00
20.0004	1	Pump Charge Squeeze		\$1,000.00	\$1,000.00
20.1001	150	Common Cement Sack		ع. ما ا ۱	\$2437.
20.1012	9	Calcium Chloride per 50 lb.		\$4	\$3.78.
					j
			· · · · · · · · · · · · · · · · · · ·		
		· · · · · · · · · · · · · · · · · · ·	 		
					
				·	
					
					<u> </u>
20.0011	159	Bulk Charge		\$1.25	\$198.75
20.0012	145.6	Bulk Truck Miles		\$1.10	\$160.16
		Process License Fee or	n Gal	lons	
				AL BILLING	\$41
		terial has been accepted and used			
		n, supervision and control of the ov	/ner,operator or his agent, v	vnose signature appears b	elow.
•	epresentative	Nathan W.			
Station G	1 -		Bud D.	Well Owner, Operator or A	oent
Remarks					
-		N N	ET 30 DAYS		



cid d	& Cemei	nt 🕰						Acid Stage No	, <u> </u>	
					Type Treatment: Ar	mt.	Type Fluid	Sand Size	Pou	nds of Sand
te 3	/7/2022	District GB	F.O. N	io. <u>50543</u>	Bkdowr:	Bbi /Gal				
mpany	Terry Schmit	t			<u> </u>	Bbl./Gal.				
li Name	& No. Koenin	g #4								
ation			Field		<u> </u>					
unty	Rice		State KS		Flush	Bbi /Gai				
			·-		Treated from		ft. to	ft.	Na. ft.	0
sing:	Size 4.5	Type & Wi	ı	Set atft.			ft. to		No. ft.	0
rmation				to	from		ft to		No. ft.	0
rmation	:		Perf.	to	Actual Volume of Oil / V	/ater to Load i			-	Bbl /Ga
rmation			Perf.							
					. Pump Trucks No. U	sed: Std	365 sn		Twin	
					Auxiliary Equipment		p	327	- '5'''	-
bing:	Size & Wt	2.5"	Swung at		Personnel Nathan Ti	m Joe				
_		from	ft to		Auxiliary Tools		<u> </u>			•
					Plugging or Scaling Mate	priale: Tuma				
pen Hole	S170	T.D.	fı D	.B. toft		епаз: тұре		Gals		
-	542		11.		<u> </u>			Gais		Ib
	Representative		Bud		**************************************		B1-4	han 181		
TIME		SSURES	1		Treater		Nett	han W.		
n./p.m.		Casing	Total Fluid Pumped			REMA	ARKS			
00	2.5"	4.5"		On Location.						
-		17.5		On Education.						
				Proceure up on	550410116.654466	an Clieb	at look off		-	
		 	 	Pressure up on	previous squee	ze. Silgi	it leak on			
		-		1001000 1001	1031 C		I			
				Isolate leak at 2						-
		 		Test at 1000' do	own tubing. Sli	ght leak	off.			
		ļ		<u> </u>			·			
		<u> </u>		Isolate casing le	ak at 256'					
				*******	·			-,.		
				Mix 100sks Con	nmon 3% CC.			_		
		_								
		1		Displace to 150						
				Shut in.						
·					·- "					
					**					<u></u>
		1		Thank You!						
-		1					·			
		 		Nathan W.						
		 	 							
		 								
_		 	+	 						
		 		<u> </u>						
		<u> </u>								
]									



FIELD ORDER N° C 80048

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

		· · · · · · · · · · · · · · ·		
			DATE	9-Mar 20 2
IS AUTHORIZ	ED BY: Ter	ry D Schmidt (NAME OF COSTOMER)		
Address		City	State	KS
TO TREAT WI	=			
AS FOLLOWS		ening #3 Well No.	Customer Order No.	
Sec. Twp.				
Range		County Rice	State	KS
CONDITIONS As a p	ent of the considerat	on hereof it is agreed that Copaland Acid is to service or treat at owners risk, the heresthefore mention	and well and in col to	10
be held liable for any	demage that may ac	onue in connection with said service or treatment. Copeland Acid Service has made no representation of selection, as to what may be the results or affect of the servicing or treating said well. The considers	armessed or	
reatment is payable	There will be no died	count allowed subsequent to such date. 6% interest will be charged after 50 days. Total charges are a	ition of said service or ubject to correction by	
		th latest published price schedules himself to be duly authorized to sign this order for well owner or operator.		
THIS ORDER MUS				
BEFORE WORK IS	S COMMENCED	Well Owner or Operator	Ву	
CODE	QUANTITY	DESCRIPTION	UNIT	AMOUNT
20.0001	20	Mileage P.U.	COST	
20.0001	20	mileage pt 3/7-2022	\$2.50	\$50.00
20.0002	20		\$4.50	\$90.0
10.0002	1	mileage pt 3/9/2022	\$4.50	\$90.0
10.0002	<u>'</u>	HD Packer Rental 4 1/2"&5 1/2"	\$1,000.00	\$1,000.0
		AS Plug Rental 4 1/2"&5 1/2"	\$1,000.00	\$1,000.0
20.0013 20.0013	1	Operator Charge Per Day 3/7/2022	\$300.00	\$300.0
	1	Operator Charge Per Day 3/9/2022	\$300.00	\$300.0
20.1001	50	Common Cement Sack	\$1:10.25	\$ 8/2.
20.1012	3	Calcium Chloride per 50 lb.	\$4 200	\$12600
20.0004	1	Pump Charge Squeeze	\$1,000.00	\$1,000.00
	-			
00.004				
20.0011	53	Bulk Charge	min	\$150.00
20.0012	49.82		min	\$150.00
		Process License Fee on Gallons		
Laggift, that	4	TOTAL BIL	LING	\$5,0.68
manner und	me above ma er the directio	terial has been accepted and used; that the above service was per	ormed in a good and	workmanlike
	epresentative	n, supervision and control of the owner,operator or his agent, whose	signature appears b	elow.
	ahi esei itati A6			
Station GE	3	Bud	ell Owner, Operator or Aper	

Acid & Cement	ĩ
Acid & Cement	Æ

Aciu	o ceme	Ill the								Acid Stage No). —	
					Type Treatment:	Amt.		Туре	Fluid	Sand Size		Pounds of Se
Date	<u>3/7/2022</u>	District GB	F.O.	No	Bkdown		Bbl./Gal.					
, ,	Terry Schmic				<u> </u>		Bbl./Gal.					
Well Nam	e & No. Koenin	g lease #3	· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·	J		8bi./Gal.					
Location		 	Field		↓		Bbl./Gal.					
County	Rice Co		State KS		Flush		8bl./Gal.	····				
					Treated from			ft. to		ft.	No. ft.	0
Casing:	Size 4 1/	2 Type & Wt.		Set at <u>3365</u> ft.	from			t. to		ft.	No. ft.	
Formation):		Perf.	to	from			ft. to		ft.	No. ft.	
Formation	1:		Perf	to	Actual Volume of Oi	l / Water t	o Load H	ole:				Bbi.
Formation			Perf.	to						774		
Liner: S	type i	4 Wt	Top at ft.		Pump Trucks. A	No. Used:	Std.		Sp.		Twin	
	Cemented: Yes	Perforated f	mori	ft. to ft.	Auxiliary Equipment	!			_		- '**" -	
Tubing:	Size & Wt.	2 7/8	Swung at		Personnel							
	Perforated	from	ft. to		Auxillary Tools							
					Plugging or Sealing a	Materials:	Type					
Open Hole	Size	T.D.	ft. P	.B. toft.						Gals.		
								 -				
Company	Representative				Treater				:	ioe S		
TIME	PRE	SSURES										
a.m./p.m.	Tubing	Casing	Total Fluid Pumped				REN	AARKS				
11:00				3/7/2022 Run to	ols to rough	v 256	0 hit l	oridge a	ind h	ave to rur	tane	ared bit
						7		or obc t	110	ave to rui	tape	HEU DIL
9:00				3/9/2022 Run to	ols to 3317.6	55 and	set n	due				
				Pull 1 jt, set Pack	er test tools	and h		racciira	1100)nci		
				pull 20 jts test at	2493 and di	doot	hold	S Dog	1100	/psi		
				Run 10 Jts 2793	and held 500	nei	iioiu .	L.J bpii	200	hzi		
				Pull 5 Jts 2637 ar		<u> </u>						
		 -		Pull 2 Jts 2580 ar		1d 1 E	h	200				
	· · · · · · · · · · · · · · · · · · ·			Pull 20 Jts 1998 1	est back side	0 DO h	opm	200 psi	- 41			
				Pull 10 Jts 1696 t	est back side	204 2	old al	ia cirui	ating	thru back	side,	2 Bpm
				Pull 10 He 1412 7	est backside	and C	i cuia	re				
				Pull 10 Its 1412 7	est pack side	= 10 1 €	old 91	id circu	lating	3		···
				Pull 10 Jts 1104 t	Cor Dackside	aidn't	noid	, but no	circu	lation, 2	Bpm	300
				Run Back to to 26				·				
				Run 1 Jt and spot	sand and wa	art 30	min					
				pull 6 jts to 2462	MIX 50 sks C	ommo	on w/	3% cc, I	Displa	ce 15 bri	and 2	250 Psi
				wait 3 nrs tor cer	ment to set u	ip pull	15 Jt	s to 20:	12 an	d reverse	out v	with
				18 Brl water Set p	packer and p	ressur	e to 2	50 Psi				
											-	
	·											
\longrightarrow												
1	\neg											



トルトレ ORDER

N<u>°</u> C ______80049

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

				DATE	9-Mar 20 2
IS AUTHORIZE	DBY: Ter	rry D Schmidt	(NAME OF CUSTOM		
Address				State	KS
TO TREAT WEL					
AS FOLLOWS	Lease Ko	ening #3	Well No.	Customer Order No.	
Sec. Twp.					
Range			County Rice	State	KS
CONDITIONS: As a part be held liable for any der	of the considerati nage that may so	ion hereof it is agreed that Copeland Acid is to servi crue in connection with said service or treatment. Co	ce or treat at owners risk, the hereinbef	ors mentioned well and is not to	
implied, and no represen	kations have beer	n relied on, as to what may be the results or effect of count allowed subsequent to such date. 6% interest v	the servicing or treating said well. The	consideration of each common or	
on, suvoicistà qebertisieut	in accordance wi	ith latest published price schedules himself to be duly authorized to sign this order		gee are subject to correction by	
THIS ORDER MUST		mineen to be only authorized to sign this older	for well dwiner or operator.		
BEFORE WORK IS C	OMMENCED	Well Owner	- Ola-	By	
CODE (YTITAAUC		CRIPTION	UNIT	Agent
			TON TON	COST	AMOUNT
20.0002	20	mileage pt 3/11-2022		\$4.50	\$90.00
20.0004	<u>1</u> 50	Pump Charge Squeeze		\$1,000.00	\$1,000.00
20.1001	3	Common Cement Sack	 	\$1/6.25	
20.1012		Calcium Chloride per 50 lb.		\$40 .00	\$120.00
					
					
					<u> </u>
					<u> </u>
			<u> </u>		
			- <u> </u>		
20.0011	53	Bulk Charge		min	\$150.00
20.0012	49.82			min	\$150.00
		Process License Fee or	n Ga	llons	\$700.00
			TOT	AL BILLING	\$2,285.00
I certify that th	e above ma	aterial has been accepted and used	; that the above service w	as performed in a good and	workmanlike
		on, supervision and control of the or	wner,operator or his agent	, whose signature appears I	below.
Copeland Rep	resentative	J06 S.			
Station GB			Bud	Well Owner, Operator or Age	
				Well I was Cassis as I as	LIN D

Acid & Cement	Ĭ
Acid & Cement	2

Acid	& ceme	nt 🕮						Acid Stage No.	
			f.O.	No	Type Treatment: An	nt. Bbl./Gal.	Type Fluid	Sand Size	Po
	Terry Schmi					Bbf /Gal.			
	e & No. Koenir	ig lease #3			┥	Bbi /Gai.			
Location	Rice Co		Field			Bbi./Gai.			
COUNTY	TRUE CO		State KS		flush ————	Bbi./Gai.			
Casing:	Sum A 3 A	12 5 8		2200	1		_ft. to		No. ft.
Formation				Set at3365ft			fl. to		No. ft
Formation				to	from		ft. to	ft.	No. ft
				to	Actual Volume of Oil / Wa	ter to Load Ho	ole:		
Formation	ira Tura	• 160	Perf.	to	4				
uniei. 3	Cemented: Yes	Q VII.	Top atft.		Pump Trucks. No. Use	ed: Std	Sp		Twin
Tubing:	Size & Wt.	2 7/8	Swung at	-n. 10n	Auxiliary Equipment Personnel				
_	Perforated	from	ft to	ft.	Auxiliary Tools				
Open Hole	Size	T.D.	ft. P	A.B. toft.	Plugging or Sealing Materi	als: Type			
					<u> </u>			Gals.	
Company	Representative				Treater			ton C	
TIME	PRE	SSURES						Joe \$	
a.m./p.m.	Tubing	Casing	Total Fluid Pumped				REMARKS		
11:30				Test at 2012 and	Did not hold 1	opm 300) psi		
									
				Ran 10 jts to 232	2 Did not hold 1	. Bpm 30	00 psi		 -
				Tagged cement a	at 2502 25 its ou	ut			
				Pull 10 Jts to 223	6 and test to 2B	pm 200	DSi		
				Cement with 50	sks common 3%	CC			
				wait 1.5 hrs and	no kickback				
				pull 10 jts to rou	ghly 1926 and re	verse o	ut with 17 br	water 45	its out
				Set packer and p	ressure up. It cir	culted b	ack side with	100 Psi	Jis out
					·				
									· ······
					· · · · · · · · · · · · · · · · · · ·			· · · · · · · · · · · · · · · · · · ·	
						···			
					······································				
			-					·	
									



ORDER Nº C 80050

BOX 438 - HAYSVILLE, KANSAS 67060

							יר חר
					DATE	23-Mar	20 22
S AUTHORIZE	DBY: <u>Te</u>	my D Schmidt	(NAME U	CUSTOMER)			
Address			City		State	KS	
TO TREAT WEL	1						
AS FOLLOWS		ening	Well No.	3	Customer Order No.		
					•		
Sec. Twp. Range			County F	Rice	State	KS	
	of the consider	ition hereof it is agreed that Copeland Acid is to service		·····			
pe held lieble for any da implied, and no represe treatment le payable. Th our invoicing departmen	image that may a ritations have bei here will be no dis it in accordance v	corue in connection with said service or treatment. Cop in relied on, se to what may be the results or effect of it count allowed subsequent to such date. 6% interest wi with latest published price schedules himself to be duly authorized to sign this order t	eland Acid Service t he servicing or treats it be charged after 6	nas made no representation ng said wett. The consider 0 days. Total changes are s	n, expressed or stich of said service or		
THIS ORDER MUST BEFORE WORK IS (G _b		
SEPONE WORK IS	COMMENCED	Well Owner or	r Operator			Agent	
CODE	QUANTITY	DESC	CRIPTION		COST	Al	TNUON
20.0002	20	Mileage P.T.	· · · · · · · · · · · · · · · · · · ·		\$ 4.50		\$90.00
20.0004	1	Pump Charge Squeeze			\$1,000.00		\$1,000.00
	···········						
							
							
	 						
							
			· · · · · · · · · · · · · · · · · · ·	 			
		4	·				
		<u> </u>					
							
			······································	*****			
			 			-	
	··· -··-·	Process License Fee on	······	Gallons	<u>-</u>		
				TOTAL BI	LLING		\$1,090.00
		aterial has been accepted and used on, supervision and control of the ow					nlike
Copeland Re	presentativ	a Joe S					
Station GB			R	lud			
					Well Owner, Operator or Age	ent	

NET 30 DAYS



ACIU	or ceme	III LEDA						ACIO SIEGE NO.	
					Type Treetment:	Amt.	Type Fluid	Sand Size	Pounds of Sand
Date	3/23/2022	District GB	F.O.	No.	Birdown	Sbi./Gal.	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		Tarina of adire
-	Terry D. Schi				1				
	e & No. Koenin				1				
Location		Chase	Field	· · · · · · · · · · · · · · · · · · ·	1	Bbi./Gai.	······································		
County	Rice		State KS		Flush	961./Gal.			
				<u></u>	Treated from		to	ft. No.ft	0
Casing:	Size 4 1/	2 Type & Wt	·	Set at ft.			to	ft. No.ft	
Formation		 "	Perf.		from		. to	ft. No. ft	
Formation	n:		Perf.		Actual Volume of O	X / Water to Load Hole			Bbi./Gai.
Formation	1 :		Perf.						601./361.
Uner: 5	ize Type	& Wt.			Pump Trucks.	No. Used: Std.	Sn	Twa	
	Cemented: Yes	→ Perforated	lrom		Auxiliary Equipment		-	198	
Tubing:			Swung at	ft.	Personnal			······································	
	Perforated	from	ft. to		Auxiliary Tools				-
				· · · · · · · · · · · · · · · · · · ·	Plugging or Sealing	Materials: Type			
Open Hok	Size	T.D.	ft. F	N.B. to ft.			······································	Gab.	
					<u> </u>				
Company	Representative				Treater				
TIME	PRE	SSURES							
a.m./p.m.	Tublog	Casing	Total Fluid Fumped	1		REM	MIKS		
	2540			The Packer held	500 Psi, we 1	then pulled 2	its and we	were then at	2480 and
				the packer was n	ot holding t	here. We the	tried to n	ull nacker an	Lit was stuck
			1	The Packer was r	g crews and	it was an R-4	tension o	acker And	onded the day
				day there as they	tried to set	t nacker freed	tension p	acker. And We	ended the day
		<u> </u>		,	, and to Be	· pocker meed	<u>. </u>		
		1							
									
			 						
		 						·	
		<u> </u>							
		 	 			·			·
		 	 						
		 	 			· ·			
			 						
			 						
			 						
			 			·			
									
			 						



FIELD ORDER Nº C 80051

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

				DATE	24-Mar	20 22
IS AUTHORIZE	DBY: Tem	y D Schmidt	(NAME OF CUSTOMER)			
Address			City	State	KS	
TO TREAT WEI		ning	Well No. 3 C			
Sec. Twp.						
Range			County rice	State	KS	
be held liable for any da implied, and no represe treatment is payable. Th our invoicing departmen	emage that may acc intations have been here will be no disc int in accordance will ned represents h	in hereof it is agreed that Copeland Acid is to service or true in connection with said service or treatment. Copelar relied on, as to what may be the results or effect of the a sunt allowed subsequent to such date. 6% interest will be histest published price schedules. Interest to be duly authorized to sign this order for virtuality to be duly authorized to sign this order for virtuality.	ad Acid Service has made no representation, a ervicing or treating said well. The consideration charged after 60 days. Total charges are subj	spressed or t of eaid service or		
BEFORE WORK IS	COMMENCED	Well Owner or Op	By		Apent	
CODE	QUANTITY	DESCR	IDTION	UNIT COST		MOUNT
20.0002	20	Mileage P.T.		\$4.50		\$90.00
20.0004	11	Pump Charge Squeeze		\$1,000.00		\$1,000.00
20.1001	150	Common Cement Sack		\$16.25		\$2,437.50
20.1012	9	Calcium Chloride per 50 lb.		\$42.00		\$378.00
10.0002	1	HD Packer Rental 4 1/2"&5 1/2"		\$1,000.00		\$1,000.00
20.0011	159	Bulk Charge		\$1.25		\$198.75
20.0012	149.46	Bulk Truck Miles		\$1.10		\$164.41
		Process License Fee on	Gallons			
	·		TOTAL BILL	ING		\$5,268.66
20.0012	149,46 the above meeting the direction	Bulk Truck Miles Process License Fee on Iterial has been accepted and used; the owner of the owner.	TOTAL BILL lat the above service was perfo er, operator or his agent, whose	\$1.10 ING rmed in a good and	below.	\$1 \$5,2

NET 30 DAYS

Acid & Cement	Ī
Acid & Cement	Z .

								Phygging or Seek	n g Materia l	s: Type						
=		rated from			to		ft.	Auxiliary Tools			_					
				wung c			ft.	Personnel								-
			Perforated for	rom	f	t. to	ħ.	Auxiliary Equipm	ent							
r: Size		Type & Wt.		Top at	ft.	Bottom at	ft.	Pump Trucks.	No. Used	: Std	_	Sp.			Twin	
nation:				her.		to										
nation:				er.		to		Actual Volume o	Oil / Water	to Lond Ho	ie:			·		DO:/U
nation:						^{to}		from			_					86i./G
g: Si:	ize	4 1/2	Type & WL			_ Set at	ft.	from				10		— ".	No. ft.	0
								Treated from				to	······································		No. ft.	0
ty Ric	ce			State	N)					•	*	to		ft.	No. ft.	0
ion		Chase	<u> </u>	Field _	VE			Flush		Bbi/Gal	_					
Name & f	-									ebi./Gal						
_		chmidt								Bbl./Gal.	_					
3/24	1/2022	District	GB		F.O. No	·		Bkdown		Bbi./Gal.	_					
								Type Treatment:	Amt.	Bbl./Gel.		Type Fluid		nd Slze		ds of Sand

Company	24	on	 nt	etive

Treater

Company :	lepresentative			
TIME		SURES Casing	tal Fluid Pump	REMARKS
e.m./p.m. 9:00	Tubing	Coste		We run an hd Packer in to 2082 ft with a rate of 2brl pm 300 psi
3.00				Pump 100 SKS common with 3% calcium and displace with 13 Brl h20
				We had shut in pressure of 1500 psi.
				We let it sit for 1.5 hrs and was holding at 1100 psi.
				We then pulled 5 jts and reversed out with 20 brl H20
				From there we started hunting holes again and found holes from 1679-1493.
				WE then ran back in to 1679 and spot 50 sks of Common with 3% Calcium
				pulled up to 1100 ft and reversed out with 20 brl of H20
				Set the packer and displace 3 Brl H20 and shut in with a pressure of 600 Psi
			<u> </u>	
			<u></u>	
			ļ	
<u></u>			 	
				
		 		
		<u> </u>		
L	<u>L</u>	<u> </u>	<u> </u>	



FIELD ORDER

Nº C ______80052

BOX 438 - HAYSVILLE, KANSAS 67060

			310-324-1223				
				DATE		25-Mar	20 2
IS AUTHORIZ	ED BY: tem	y D Schmidt	(NAME OF COSTOMER	1			
Address			City	,	State	KS	
TO TREAT W	ELL			· · · · · · · · · · · · · · · · · · ·			
AS FOLLOWS	Lease Ko	ning	Well No. 3	Customer (Order No.		
Sec. Twp.							
Range			County rice	·	State	KS	
be held liable for any implied, and no rapra treatment is payable. Our invoking departs	damage that may ac eantations have bee There will be no disc ent in accordance w	on hereof it is agreed that Copeland Acid is to service or to crue in connection with said service or traement. Copeland I relied on, as to what may be the results or effect of the sei ount allowed subsequent to such date. 6% interest will be o th latest published price schedules. Immeelf to be duly authorized to sign this order for wi	Acid Service has made no represent vicing or treating said well. The con- charged after 60 days. Total charges	tation, expressed or aderation of said service	***		
THIS ORDER MUS BEFORE WORK IS	- · · · · · · · · · · · · · · · · ·			Ву			
		Well Owner or Ope	rator			vgent	
CODE	QUANTITY	DESCRI	PTION		UNIT COST	Al	MOUNT
20.0002	2	Mileage P.T.		\$4.			\$9.00
20.0004	1	Pump Charge Squeeze		\$1,	00.00		\$1,000.00
20.1001		Common Cement Sack		\$16	.25		\$2,437.50
20.1012	9	Calcium Chloride per 50 lb.	· · · · · · · · · · · · · · · · · · ·	\$42	2.00		\$378.00
					T-1-1		
	<u> </u>						
							·
							
					· · · · · · · · · · · · · · · · · · ·		
			······································				
							
							
20.0011	159	Bulk Charge	·	\$1.2			8400.75
20.0012	149.46			\$1.1		···	\$198.75
		Process License Fee on	Gallor		<u> </u>		\$164.41
				BILLING			£4 107.66
I certify that	the above ma	terial has been accepted and used; the	the above service was	performed in a	good and	workma	\$4,187.66 nlike
manner und	er the directio	n, supervision and control of the owner,	operator or his agent, wh	nose signature a	appears t	elow.	
Copeland R	epresentative	Joe S					
Station GE	3		Bud	116.00			
Remarks				Well Owner, Ope	rator or Age	nt	
, -		NET 30	DAYS				<u></u>

Acid & Cement	Ĩ
Acid & Cement	8

Acid :	& Cemer	nt 🕿						Acid Stage No.	
					Type Treatment: Am	¥.	Type Fluid	Sand Size	Pounds of S
Date 3	/25/2022 (District G8	F,O. N	lo	Bitdown	Bbl./Gal.			
Company	Terry D Schm	ıldt				Bbl./Gal.			
Welf Name	& No. Koenin	8			<u></u>	Bbl./Gal.			
Location		Chase	Field			Bbl./Gal.			
	Rice		State KS		Flush	Bbl./Gal.		····	
					Treated from	f	t. to	ft. N	lo. ft(
Casing:	Size 4 1/2	2 Type & Wt.		Set atft.			t. to		lo. ft. (
Formation	•			to	from		t. to	ft. N	lo. ft. (
Formation	:			to	Actual Volume of Oil / Wa	rter to Load Hole	:		Bi
Formation				to				<u> </u>	
Uner: Si	lze #### Type i	& Wt.			Pump Trucks. No. Us	ed: Std.	\$p.		Twin
					Audliery Equipment				
			Swung at		Personnel				
	Perforated (ft. to		Auxiliary Yools				
					Plugging or Sealing Mater	iels: Type			
Open Hole	Size	T.D.	ft. P	.B. to ft.				Gals.	
Company	Representative				Trester				
TIME	PRE	SSURES	T T						<u> </u>
a.m./p.m.	Tubing	Casing	Total Fluid Pumped			REMARI	CS .		
10:00				Pulled the HD pa	cker and ran in	a Tensior	packer to	315 ft	
		† · · · · · · · · · · · · · · · · · · ·		Tested the back					
		 		Pulled the and ti			·		
		 		pump 150 Sks Co			nd displac	e with 3 Rd	H2o
		 		Shut in @ 400 P:		Calciant	ina dispide	e with 5 bit	1120
				Shut the valve a		wait 30 n	oin		
		 		Tied back on and			15471		
		 		Hed back on and	pressure up to	400 PSI			
		 					······································		
						·			
		<u> </u>				·			**************************************
		 							7/2
								· · · · · · · · · · · · · · · · · · ·	
		<u> </u>		**************************************	. ,,, , ,, ,,			<u> </u>	
									
						· · · · · · · · · · · · · · · · · · ·			
					<u> </u>				
	l	ł							



ORDER Nº C 50554

ICIO &	Cemei		316-524-1225	DATE	13.Anr	20 22
	-	A 1		DATE	10-Apr	
AUTHORIZED	BY: Terry	(NAN	E OF CUSTOMER)			
ddress		City		State	KS	
O TREAT WEL	L			0.411-		
S FOLLOWS	Lease Koen	ing Well	No. <u>4</u>	_Customer Order No.		
ec. Twp.		Cour	nty Rice	State	ĸs	
lange		hereof it is agreed that Copeland Acid is to service or treat at ow				
held liable for any dar opked, and no represen- satment is payable. This or invoicing department	mage that may accrunations have been re ere will be no discout t in accordance with ned represents him	nement it is agreed that colored to consider the terminal of the service or treatment Copeland Acid Ser- lied on, as to what may be the results or effect of the servicing or at allowed subsequent to such date. 6% interest will be charged a atest published price schedules isself to be dufy authorized to sign this order for well owner.	vice has made no representation treating said well. The considers that BO days. Total charges are a	n. expressed or tition of said service or ubject to correction by		
EFORE WORK IS	COMMENCED	Well Owner or Operator	.	By	Agent	
CODE	QUANTITY	DESCRIPTIO		UNIT		MOUNT
20.0001	20	Mileage P.U.	_	\$2.50		\$50.00
20.0002		Mileage P.T.		\$4.50		\$90.00
20.0004		Pump Charge Squeeze		\$1,000.00		\$1,000.00
20.1001	200	Common Cement Sack		\$16.25		\$3,250.00
20.1005	10	Gel on side per sack		\$25.25		\$252.50
20.1017	300	Hulls per lb.		\$0.50		\$150.00
20.102	110	Sodium Silicate per gal.		\$11.00		\$1,210.00
					<u> </u>	
					ļ	
20.0011	210	Bulk Charge		\$1.25		\$262.50
20.0012	198	Bulk Truck Miles		\$1.10		\$217.80
		Process License Fee on	Gallor	ns .		
l codify that	the photo me	terial has been accepted and used; that the		BILLING	workma	\$6,482.80 anlike
manner und	ler the directio	n, supervision and control of the owner ope				
·-	epresentative	Nathan W.				
Station GI	<u> </u>		Jay K.	Well Owner, Operator or A	gent	
Remarks		NET 30 I	DAYS	· · · · · · · · · · · · · · · · · · ·		



Acid Stage No.

					Type Treatment:	Amt.	Type Fluid	Sand Size P	ounds of Sand
Date 4	/13/2022	District GB	F.O. N	o. <u>50554</u>	Bkdown	Bbl./Gal.	<u></u>		<u>.</u>
_	Terry Schmit								
•	& No. Koenin							·····················	
Location			Field			Bbi./Gal.			
County	Rice		State KS		Flush	Bbl./Gal.			<u></u>
			 		Treated from	ft	to	ft. No.ft.	0
Casing:	Size 4.5'	Type & Wt.		5et attt.		ft.			0
Formation	:		Perf.	to	from	ft.	to	ft. No.ft.	0
Formation				to	Actual Volume of O	1/ Water to Load Hole:			8bl./Gal.
Formation			Perf.			· · · · · · ·			
Liner: Si			Top at ft.		Pump Trucks. N	o. Used: Std3i	65 Sp	Twin	
			rom		Auxiliary Equipment			327	
			Swung at		Personnel Nathar	Joe Clarence			
	Perforated	from	ft. to	ft.	Auxiliary Tools			· ·	
,					Plugging or Sealing (Materials: Type			
Open Hole	· Size	T.D	ft. P	B. toft.				Gals.	lb.
Сотграпу	Representative		Jay		Treater		Nath	an W.	
TIME	PRE	SSURES	Total Fluid Pumped			REMARKS	· · · · · · · · · · · · · · · · · · ·		
a.m./p.m.		Casing	Total transit simple			ALUDUIN.			
9:45	2.5"	4.5"		On Location.					
									•
				Packer-680'					
				Holes-810'-1300)'				
						-			
				Take inj rate at	3bpm-300#		-		_
				Mix 10sks of ge	with 300# H	Iulls.	··		
•			<u> </u>						
				Pump 5bbls of 5	odium Silica	te and water	and 2bbl	s water space	7.
		T	<u> </u>						
		 	-	Mix 200sks Com	mon.			 	
			1			-			
		1	1	Displace below	nacker and i	et set.			
·			<u> </u>	Pull packer.	hadrer AllAl				
				r an packer.				 	
	 		 						
	 	 	 	Thank You!					
	 	 	 	THORK TOU:					
	 	 	 	Nathan W.		=			
			 	INGLIIGII VV.					
	 	_	 	<u> </u>				· · · · · · · · · · · · · · · · · · ·	



FIELU ORDER Nº C 60542

ACIU &	Ceme		316-524-1225		ATE	6 Ans	20 2
IS AUTHORIZE	D BY: TER	RRY D. SCHMIDT		U	ATE	<u> 5-Apr</u>	202
IO AOTTIONIE	<u> </u>		(NAME OF CUSTO	MER)			
Address			_City		State	KS	
TO TREAT WE							
AS FOLLOWS	Lease KOI	ENING	_Well No. 4	Custon	ner Order No.		
Sec. Twp. Range			County RICE		State	KS	
be held liable for any d implied, and no repree treatment is payable. I our invoking departme	samage that may acc entations have been there will be no disco int in accordance with gned represents h	in hereof it is agreed that Copeland Acid is to service or true in connection with said service or treatment. Copelan relied on, as to what may be the results or effect of the sunt allowed subsequent to such date. 5% interest will be hissest published price schedules. Irriself to be duly authorized to eigh this order for viscelf to be duly authorized to eigh this order.	d Acid Service has made no repi ervicing or treating axid well. The charged after 60 days. Total cha	recontation, expressed () consideration of said s	of ervice or		
BEFORE WORK IS	COMMENCED	Well Owner or 0	perator	By		Agent	
CODE	QUANTITY	The state of the s	RIPTION		UNIT COST	• •	MOUNT
20.0002	20	Mileage P.T.			\$4.50		\$90.0
20.0004	1	Pump Charge Squeeze		·-	\$1,000.00		\$1,000.0
20.1001	150	Common Cement Sack	- , .		\$16.25		\$2,437.5
20.1012	16	Calcium Chloride per 50 lb.			\$42.00		\$672.0
20.0011	166 156.04			Sallons	\$1.25 \$1.10		\$207.56 \$171.6
				TAL BILLING			\$4,578.64
manner und	er the direction epresentative	terial has been accepted and used; the n, supervision and control of the owner GREG C.		t, whose signati		low.	like
- 1201100100		NET	30 DAYS				



Acid	& Cemen	IT 🕮.						Acid Stage No.	
					Type Treatment:	Amt.	Type Fluid	Sand Size	Pounds of Sand
Date	4/5/2022 D	District GB	F.O. I	No. C60542	Bkdown	Bbl./Gal.			
Company	TERRY D. SCH	MIDT				Bbl./Gal.			
Well Nam	E & No. KOENIN	IG #4				Bbl./Gal.			
Location			Field						
County	RICE		State KS		Flush	Bbl./Gal.			
					Treated from				o. ft0
Casing:	· · · · · · · · · · · · · · · · · · ·	Type & Wt.		ft.	from		ft. to	ft. No	o. ft0
Formation	A:			to	from		ft. to	ft. No	o. ft. <u>O</u>
Formation	n:		Perf.	to	Actual Volume of Oil /	Water to Load H	ole:		Bbi./Gal.
Formation			Perf						
			Top at ft.		Pump Trucks. No.		320 Sp	T [*]	win
					Audiary Equipment			327	
Tubing:	Size & Wt.		Swong at		Personnel GREG JO)E			
	Perforated fr	· Drm	ft. to		Auxiliary Tools				
0 1 1-1-	- 41-				Plugging or Sealing Ma	aterials: Type			
Open Hole	5 245 e	T.D	n. P	.B. toft.	<u> </u>			Gals.	lb.
			1414.20		_				
	Representative		JAY K		Treater	······	GRE	G C.	
TIME a.m./p.m.		SURES Casing	Total Fluid Pumped			REMA	RKS		
9:00			<u> </u>	ON LOCATION	·				
3.00				ON LOCATION					
			<u> </u>	HOLES 870-1000	DACKED CET	@ 720'			
				110LL3 870-1000	. PACKER SET	@ /20			·
				PUMP 18 BBLS C	ALCIUM CHI	ODIDE MA	TED INI DA	TE 2 0014 2	00#
	 			PSI BACKSIDE TO		UNIDE WA	TEK. INJ KA	IE 2 BPM 3	00#
				PUMP 150 SKS C		CC .	-		
				SHUT VALVE, PU			FAN		
				DISPLACE WITH					
				DISPURCE WITH	4.73 BBL3, W	AII I HOU	K		
				ODENIED VALVE	CTU LIAD DD	FEELINE V	**************************************	2014F DAC	
	 			OPENED VALVE, 0.25 BBLS AND V		ESSURE, V	VANIED IO	COME BAC	K. PUMP
				U.Z3 DDL3 AIYU Y	VAII I HOUK		· · · · · · · · · · · · · · · · · · ·		
				ODENED VALVE	CTU L MAD DE	SCCUPE I	****	20115.01	
				OPENED VALVE,					
	ļ 			1 BBL. PSI TO 50	U#, SHUT VAL	VE. TUTAL	. DISPLACEN	MENT 6 BBL	5
3:30				100 COLADI ETE			 -		
3:30				JOB COMPLETE	·				·
		····	<u> </u>	TITLE VOLUM					
				THANK YOU!!!					
	—								
						<u>-</u>			
		<u> </u>		· · · · · · · · · · · · · · · · · · ·		<u></u> .	·		



FIELD ORDER

Address	Acid & Cer	ment Box 438	316-524-1225	DATE	19-Apr 20_	
Sec. Twp. Range COUNTY RICE State KS COUNTY RICE 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 mantioned 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 implied, and no representations have been relied on, as to what may be the results or effect of the servicing or treating and well. The consideration of said service or implied, and no representations have been relied on, as to what may be the results or effect of the servicing or treating and well. The consideration of said service or implied, and no representations have been relied on, as to what may be the results or effect of the servicing or treating and well. The consideration of said service or implied, and no representations have been relied on, as to what may be the results or effect of the servicing or treating and well. The consideration of said service or implied, and no representations have been relied on, as to what may be the results or effect of the servicing or treating and well. The consideration of said service or implied, and no representations have been relied on, as to what may be the results or effect of the servicing or treating and well of the consideration of said service or implied. The undersigned represents himself to be duly authorized to sign this order for well owner or operator. This order Bush of the consideration have and in the service or instituted or instituted to sign this order for well owner or operator.	0 N.	TERRY D. SCHMIDT	•	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 mantioned well and is not to be held lisble for any damage that may accrue in connection with seid 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 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 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 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 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 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 implied, and no representations have been relied on, as to what may be the results or effect of the servicing or investing said well. The consideration of said service or implied to the consideration of said said service or investing said well. The consideration of said and in not to the head of the results of the service or investing said well. The consideration of said said said said said said said said		KOENING	Well No. 4	_Customer Order No.		
be held liable for any damage that may accuse in connection with seath service or effect of the servicing or treating and well. The consideration of said service or implied, and no representations have been retied on, as to what may be the results or effect of the servicing or treating and well. The consideration of said service or implied, and no representations have been retied on, as to what may be the results or effect of the servicing or treating and well. The consideration of said service or implied to be due with such date. We have said the servicing of the consideration of said service or implied to the servicing of the servicing or treating and well. The consideration of said service or implied to the servicing or treating or the servicing or the servicing or the servicing or treating or the servicing or the servicing or treating or the servicing or the ser	Dence				KS	
	be held liable for any damage that implied, and no representations h treatment is payable. There will b	t may accruse in connection with sales service or element whe been retied on, as to what may be the results or element so such date. SN into account allowed subsequent to such date. SN into	Nect of the servicing or treating said well. The consider erest will be charged after 60 days. Total charges are t	ation of said service or		
BEFORE WORK IS COMMENCED Well Depart of Committee		MCFD		By	Agent	<u></u>

FORE WORK IS COMMENCED		Well Owner or Operator		Agent			
CODE	QUANTITY	DESCRIPTION		UNIT COST	AMOUNT		
	20	Mileage P.T.		\$4.50	\$90.00		
20.0002	1	Pump Charge Squeeze		\$1,000.00	\$1,000.00		
20.0004		Common Cement Sack		\$16.25	\$3,250.00		
20.1001 20.1012	200 16	Calcium Chloride per 50 lb.		\$42.00	\$672.00		
20.1012							
				 			
				 			
				 			
				 			
				 			
				 			
				 			
				 			
		D. H. Channe		\$1.25	\$270.0		
20.0011	216			\$1.10	\$223.3		
20.0012	203.04	Bulk Truck Miles Process License Fee on	Gallons				
		Process License red on	TOTAL BILLING	3	\$5,505.3		

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.

Copeland	Representative	GREG C.		
Station _	GB		JAY K.	Well Owner, Operator or Agent
Remarks		NET 30 D/	AYS	

Acid & Cement	I
Acid & Cement	盠

	Cemen	· 集								:	Acid Stage N	lo	
iciu œ '	CEINEIL			1	Type Trea	itment:	Amt.		Type Fk	uid	Sand Size	•	Pounds of Sand
		CB	F.O. No										
	/2022 Dis		P.O. 180										
	RRY D. SCHI												
			Field										
ounty RIC	F		State KS		flush			Bbl./Gal.					
DOING MICE					Treated	from			ft. to		ft.	No. ft.	0
Sin		Type & Wt.		Set alft.					ft. to			No.ft.	
lasing: Siz formation:	·		Perf.	to		from			ft. 10		ft.	No. ft.	0
•			Perf.		Actual V	alume of	Oli / Wate	r to Load I	lale:				Bbl./Ga
ormation:					1-				· · · · · · · · · · · · · · · · · · ·			-	
ormation:				Sottom at 1t.	Pumo Tr	ucks.	No. Used:	Std.	365	Sp.		Twin	
iner: Size	Type a	Wt.	om				ent				310T & 1		
			Swung at				CLARE						
Dung. M	Perforated fr		ft. to	n.	Auxiliary	y Tools				,			
					Plugging	or Sealin	g Material	ls: Type					
Dans Maja Sir		TO	ft. P.	B. to ft.	1		_				Ga	ls	lb.
ompany Rep	presentative PRES	SURES	JAY K		Tre	ater		REM		GRE	G C.		
.m./p.m.	Tubing	Casing	Total Fluid Pumped					MEIM					
11:00				ON LOCATION									
				PACKER SET @	685', I	HOLE:	S @ 89	50-115	0				
				PSI BACKSIDE T	O 300	#							-
				PUMP 50 BBLS	MUD.	INJ R	ATE 3	BPM 4	450#				
				MIX 200 SKS CC	MMC	ON 49	6 CC						
- 1				SHUT VALVE. W	/ASH I	PUMF	AND	LINE C	UT.				
				DISPLACE WITH	4.5 B	BLS F	120						
				WAIT 1 HOUR.	PUMP	0.5 E	BLS V	VAIT 1	HOUR				
3:30		<u> </u>		OPEN VALVE, 4	50#, P	SI TO	950#	. BLED	OFF PR	ESSU	RE SLO	WLY,	NO
				RETURNS.									
													
				REVERSE OUT V	MITH:	14 BB	LS, PU	LL PA	CKER. PS	SI TO	750#		
			1	SHUT IN WELL			_						
		†											
4:00		 	<u> </u>	JOB COMPLETE									
		1											
		 		THANK YOU!!!									
		+	1					•					
 -		 	 					_					
il_			4										



ORDER Nº C 50561

ia & c	Cemer	it 🕰 BOX 450	316-524-1225	DATE	29-Apr 20 22
	5 14 7 11111	O - b : 14		DATE	20/10/ 20
JTHORIZED	BY: Terry		(NAME OF CUSTOME		
ess			City	State	e <u>KS</u>
REAT WELL		ing	Well No. 4	Customer Order No)
Twp.			County Rice	Stat	e KS
iTIONS: As a part of liable for any danger and no representation of the control o	nage that may accrued tations have been released released in will be no discourting accordance with the represents him	nereof it is agreed that Copeland Acid is to service or tri- e in connection with said service or treatment. Copeland lied on, as to what may be the results or effect of the ser- is allowed subsequent to such date. 6% interest will be of atest published price schedules. Iself to be duly authorized to sign this order for wi	rvicing or freating said well. The co charged after 60 days. Total charg	onsideration of said service or	
ORDER MOST		Well Owner or O		Ву	Agent
CODE	QUANTITY	DESCR		UNIT COST	AMOUNT
20.0001	20	Mileage P.U.		\$2.50	\$50.0
20.0002		Mileage P.T.		\$4.50	\$90.0
20.0004		Pump Charge Squeeze		\$1,000.00	\$1,000.0
20.1002		60/40 Poz 2% Gel		\$13.00	\$3,250.0
20.1004		Add. Gel after 2% Per Sack		\$25.25	\$732.2
20.0011	279	Bulk Truck Miles		\$1.25 \$1.10	\$348. \$273.
		Process License Fee on		Gallons	
i certify that	t the above mader the direction	aterial has been accepted and used; on, supervision and control of the own	that the above service	OTAL BILLING was performed in a good a nt, whose signature appea	\$5,744. and workmanlike rs below.
manner und		Nathan W			
manner und	Representative	Nathan W.	 Jay K.	Well Owner, Operator	



cid &	Cemen	t A							Acid Stage N	o	
					Type Treatment:	Amt.		Type Fluid	Sand Size	Pou	nds of Sand
4/2	.9/2022 Di	strict GB	F.O. N	o. 50561	Bkdown						
	erry Schmitt						Bbl./Gal.				
	No. Koening	#4			<u> </u>						
ation			Field] _						
inty R	ice		State KS		Flush		Bbi./Gal.				
					Treated from			ft. to	ft.	No. ft	0
sing: :	Size 4.5"	Type & Wi	l.	Set atft	-			ft. to		No. ft.	0
mation:				to	from			ft. to	ft.	No. ft.	0
mation:			Perf.	to	Actual Volume o	f Oil / Wate	r to Load H	lole:			Bbl./Ga
			Perf.								
mation:			Top at ft.		Purno Trucks.	No. Used:	Std.	365 Sp.		Twin	
			from	•	. Auxiliary Equipm				327		
			Swung at		Personnel Nati	_	0e				
5111g. 51	Perforated fr		ft. to		. Auxiliary Tools						·
					Plugging or Seal	ing Material	s: Type				
en Hole S	iize	T.D.	ft. P	.B. to ft		_			Gals	i	lb.
n pany R	epresentative		Jay		Treater _			Nati	nan W.	<u> </u>	
IME		URES					REM	A D V C			
n./p.m.	Tubing	Casing	Total Fluid Pumped				KEMD				
30		4.5"		On Location.			•				
				Tie on casing a	nd mix 200	sks 60/	40poz	16%gel an	d 50sks 6	0/40pc)Z
	-			Displace to 400	at .5bpm	-550#					
1		<u> </u>	-	Shut in.	<u> </u>						
\longrightarrow											
-				Thank You!	""						
			 								
		-	+	Nathan W.							
		 		itatiiaii vv.		-					
		 									
		1									
					_						
		 					<u> </u>	·			
		 		 				_			
		╁	 								
	· · · · · · · · · · · · · · · · · · · 	 							<u> </u>		
		 	_								
		<u> </u>				······································					
		 	<u> </u>	1							
								 -			
		1									

Conservation Division 266 N. Main St., Ste. 220 Wichita, KS 67202-1513



Phone: 316-337-6200 Fax: 316-337-6211 http://kcc.ks.gov/

Laura Kelly, Governor

Andrew J. French, Chairperson Dwight D. Keen, Commissioner Annie Kuether, Commissioner

May 20, 2024

JAY R KREHBIEL Krehbiel, Jay 504 N CARRIE ST MCPHERSON, KS 67460-6513

Re: Plugging Application API 15-159-19009-00-00 KOENIG 4 NE/4 Sec.15-20S-10W Rice County, Kansas

Dear JAY R KREHBIEL:

The Conservation Division has received your Well Plugging Application (CP-1).

Under K.A.R. 82-3-113(b)(2), you must notify DISTRICT 2 of your proposed plugging plan at least 5 days before plugging the well. DISTRICT 2's phone number is (316) 337-7400. Failure to notify DISTRICT 2, or failure to file a Well Plugging Record (CP-4) after the well is plugged will result in a penalty recommendation.

Under K.A.R. 82-3-600, you must file an Application for Surface Pit (CDP-1) if you wish to use a workover pit while plugging the well. Failure to timely file a CDP-1, failure to timely remove fluids, or failure to timely file Closure of Surface Pit (CDP-4) or Waste Transfer (CDP-5) forms will result in a penalty recommendation.

This receipt does NOT constitute authorization to plug this well if you do not otherwise have the legal right to do so.

This receipt is VOID after November 16, 2024. If the well is not plugged by then, you will have to submit a new CP-1 if you wish to plug the well.

The November 16, 2024 deadline does NOT override any compliance deadline given to you by Legal, District, or other Commission Staff. Failure to comply with any given deadline will still result in the Commission assessing penalties, or taking other legal action.

Sincerely, Production Department Supervisor

cc: DISTRICT 2